KEGISTER.

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Chagrined at having made such a blunder, the crowd left

the depot and consoled itself by devouring the magnificent banquet which had been prepared in honor of Dr. Koch. The telegraph operator who had received the despatch and had made its contents known was immediately discharged, and thus escaped the vengence of Koch's justly infuriated ad-

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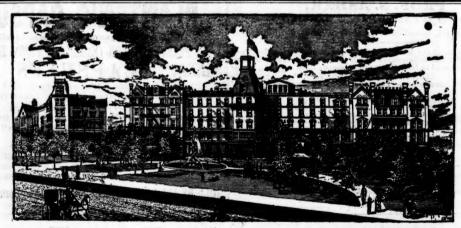
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ORIGINAL ARTICLES. REPORT OF SIXTY CASES OF UTERINE MYOMATA. By J. H. Kellogg, M.D., Battle Creek, Mich. 167 CARE IR THE USE OF TUBERCLE BACILLUS 'AS A REMEDY IN TUBERCULOSIS. By Samuel G. Dixon, M.D. 1;2 SOCIETY NOTES. CHICAGO ACADEMY OF MEDICINE 172 THE POLYCLINIC. JETTERSON MEDICAL COLLEGE HOSPITAL: Lumbricoides. Rex 174 Erosion of the OB Uteri. Purvin 174 Anemia 174 Chronic Bronchitis 174 Anemic Amenorthoes. Purvin 174 Chronic Ulcer. Keen 174 Phthisis 174 EDITORIALS. EUTEANASIA 175 ANNOTATIONS. Consolidation of Colleges 175	LETTERS TO THE EDITOR. Patients vs. Ethics. Gates	Remai Calculi. Sée Treatment of Oophoritis. Bell Trerpene Iodide in Acute Diseases of the Lungs. Gregg Cystinuria. Smith Non-operative Treatment of Hemorrhoids. Thomas Cerebral Hemorrhage. Boston Med. and Surg. Jour. Inoculation of Dog Serum as a Remedy for Tuberculosis. Héricourt and Richet Bronchiectasis in Young Children. Carr Coffee. Love Bipolar Faradization. Rockwell Sophorific Action of Mercury. Tysen Treatment of Hernia by Aspiration. Hern if Treatment of Pneumonia. Fenwick The Nitrites. Upshur Treatment of Malaria. Indian Med. Gas. if Treatment of Malaria. Indian Med. Gas. if Treatment of Anamis. Mackensie MEDICAL NEWS AND MISCELLANY, if ARMY, NAVY, AND MARINE HOSPITA SERVICE
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Original Articles.

REPORT OF SIXTY CASES OF UTERINE MYOMATA,

TREATED BY ELECTROLYSIS, WITH DESCRIPTION OF NEW FORMS OF ELECTRODES AND A COULOMBMETER.

> By J. H. KELLOGG, M.D., BATTLE CREEK, MICH. (Concluded from page 150.)

ASE XLII.—Mrs. M.; aged forty-five years; married; never pregnant. Had suffered from profuse and too frequent menstrual flow, with great pelvic pain, for several years. On examination, found an interstitial and subperitoneal fibroid reaching nearly to the umbilicus. Began the use of electrolysis in February, 1890; employed 75 to 125 milliamperes. The hemorrhages were controlled, but the tumor continued to grow, and the pelvic pain was greatly increased. After thirteen applications, the patient being evidently worse, I recommended removal of the appendages. Found double pyosalpinx. The patient returned to her home in a few weeks, enjoying better health than for many years. The tumor was diminished in size, flow had ceased, and the pelvic pain had almost wholly disappeared.

had almost wholly disappeared.

CASE XLIII.—Mrs. B., of Illinois; aged forty-four years; married; never pregnant. Menstrual flow somewhat too free, but regular; duration, five days; no pain. The patient became conscious of the presence of a growth of some sort seven years ago. Had consulted the leading gynecologists in this country and Europe. The tumor continued to grow in spite of all the treatment which had been administered. On examination, found a large multinodular, subperitoneal

myoma, extending to two inches above the umbilicus. Made nine applications, of from 100 to 200 milliamperes, 75 to 100 coulombs. The tumor continued to grow in spite of all the treatment, although it changed somewhat in form. The patient and her husband becoming discouraged, and demanding more radical measures, I removed the appendages. The patient made an uninterrupted recovery from the operation, and at the present date the tumor is about one-third its original size and the patient is enjoying excellent health, having menstruated but once since the operation.

CASE XLIV.—Mrs. B., of Indiana; aged forty-six years; married; two pregnancies. Severe pelvic pain during menstruation; flow profuse. Found small subperitoneal fibroid on the fundus uteri. The patient thinks the tumor has been present for ten years. Made nine applications of electrolysis, employing from 75 to 125 milliamperes, 40 to 50 coulombs. The flow was checked, uterus diminished in size, the pelvic pain relieved, and the patient's condition greatly improved.

CASE XLV.—Mrs. S., of Illinois; aged forty-six years; married; several pregnancies. Menstrual flow every three weeks, very profuse, accompanied by much pelvic pain. Found the uterus greatly enlarged, reaching to within two inches of the umbilicus, the enlargement chiefly in the right posterior aspect of the uterus, due to interstitial myoma. Also observed a subperitoneal nodule a little distance from the interstitial growth. Curetted the cavity of the uterus, and made fifteen applications of electrolysis, employing 125 to 150 milliamperes, 50 to 150 coulombs. The hemorrhage was stopped, the tumor diminished in size, the pelvic pain greatly relieved, and the patient's general health greatly improved. She returned for treatment a few months later, how-

ever, owing to a return of some of the symptoms. Found the uterus had increased somewhat in size. Again curetted the uterus and continued the electrolysis for a few weeks, with the result of controlling the hemorrhages, but made no appreciable change in the size of the tumor, although the patient's general

health was greatly improved.

CASE XLVI.—Mrs. W., of Maine; aged fifty-two years; married; four pregnancies. Profuse menstrual flow and much pelvic pain. Uterus three times its normal size, from the development of an interstitial fibroid. Nine applications of electrolysis were made, with a current of 75 to 150 milliamperes, and 40 to 50 coulombs. The results were all that could be desired. The menstrual flow ceased, and the uterus diminished to nearly its normal size, although retaining the irregular form, resulting from the growth

CASE XLVII.—Mrs. Y., of Michigan; patient referred to by Dr. Fisher, of Augusta; aged thirty-nine years; married; had had two miscarriages. Patient had interstitial fibroid of the uterus. Made ten or twelve applications of electrolysis, of from 75 to 150 milliamperes. The profuse menstruation and pelvic pain were greatly lessened, and the patient's general health was improved. The tumor, however, was not diminished in size. The results in this case might have been more satisfactory if the patient could have remained at the sanitarium during treatment, as she had to travel ten or fifteen miles in a carriage after each treatment. Although there were no serious results apparent from the deviation from my general plan, which requires rest for twenty-four hours fol-lowing treatment, I feel confident that the results were less satisfactory than they might otherwise have

CASE XLVIII.-Mrs. F., of Indiana; aged fortyfive years; married; several pregnancies. menstrual flow for several years. On examination, found a large interstitial and subperitoneal tumor, reaching four or five inches above the umbilicus. Patient had been under the care of many physicians, and her case had finally been abandoned as hopeless. Was very pale and anæmic, and suffered grave attacks of pelvic inflammation. I attempted to employ electrolysis, but the patient did not bear the current well. Very mild applications gave rise to renewed attacks of pelvic peritonitis, in spite of every precau-tion. Despairing of success by other means, I recommended the removal of the uterine appendages. found the appendages much diseased, bound fast by adhesions, and buried beneath the tumor, but succeeded in removing them. Both ovaries were cystic, cirrhotic, and contained hæmatoceles. The patient made an excellent recovery, and in a few weeks re-turned home improved, and with an excellent prospect of restoration to good health, the tumor dimin-ished in sized. The tumor was chiefly subperitoneal in character.

CASE XLIX.-Mrs. S., of Michigan; aged fortysix years; widow; several pregnancies. Had suffered from profuse menstrual flow for several years. Found on examination a large myoma, reaching nearly to the umbilicus, subperitoneal and interstitial in character. Made seventeen applications, from 70 to 265 milliamperes, 60 to 100 coulombs. The profuse flow was checked, pain relieved, and the patient's general health improved, but the tumor did not diminish in size.

CASE L.—Mrs. B., of Dakota; aged twenty-nine rears; married; never pregnant. Profuse and painful menstrual flow, with constant pelvic pain, for

several years. On examination, found fibroid thick. ening on the left wall of the fundus uteri. Made nine applications of from 30 to 100 milliamperes. Patient returned to her home with uterus nearly its normal size, menstruation regular, nearly painless, and gen-

eral health greatly improved.

CASE L.I.—Mrs. F., of Michigan; married; aged forty years; several pregnancies. First examination, June, 1890. Had suffered from profuse menstrual flow for Found the uterus double its normal several years. size, apparently from interstitial fibroid. Made eight applications of from 30 to 100 milliamperes, 60 coulombs. The profuse menstrual flow was controlled, and the uterus reduced to nearly its normal size. The patient returned to her home enjoying better health than for ten years previous.

CASE L.II.—Miss L., of Ontario; aged thirty-four

years. Suffered for several years from profuse and painful menstruation. On examination, found a small fibroid in the anterior wall of the uterus. several applications of from 25 to 50 milliamperes. Patient returned to her home greatly improved, uterus diminished in size, fibroid growth scarcely percepti-ble, and menstruation normal.

CASE LIII.-Mrs. A., of Michigan; aged thirtyeight years; married; never pregnant. flow profuse and painful for a number of years. Patient reduced to a very feeble state, almost entirely On examination, found uterus three bedridden. times its normal size, the result of an interstitial and subperitoneal fibroid growth. Made eight applications of from 30 to 130 milliamperes, 40 to 60 coulombs. Patient returned home improved, hemorrhages controlled, uterus slightly diminished in size, less pelvic pain, and considerably improved in strength.

CASE LIV.-Mrs. W., of Michigan; aged twentysix years; married; never pregnant. Suffered much pelvic pain for several years. Found uterus twice its normal size, the result of an interstitial fibroid growth. After six applications, of from 55 to 80 milliamperes, the patient returned to her home greatly improved, the uterus diminished in size, and pelvic pain re-

lieved.

CASE LV.—Miss A., of Nova Scotia; aged forty years. Suffered much pelvic pain for several years. Found uterus double its normal size, caused by subperitoneal fibroid in the posterior wall. Made four applications of from 35 to 110 milliamperes, 30 to 60 coulombs. As a result, the uterus is diminished in size, menstruation not painful, and the patient is now in better health than for several years, and able to engage in ordinary household duties.

CASE LVI.-Mrs. Z., of Milwaukee; aged thirtyseven years; married; two pregnancies. Menstrus-tion profuse and prolonged. On examination, found interstitial fibroid of posterior wall of the uterus increasing the organ to three times its normal size Made four applications of from 45 to 150 milliam-peres, 60 to 90 coulombs. Also curetted the cavity of the uterus, and repaired a laceration of the cervix. As a result, the uterus is diminished in size, the

menstrual flow is normal, and the pelvic pain cured.

CASE LVII.—Miss H., of Michigan; aged about thirty-night vocames. thirty-eight years. Profuse menstrual flow for several years; for several months almost constant. Made five applications of from 105 to 235 milliamperes. Flow diminished and general health improved, but no change in the size of the tumor, which was interstitial and subperitoneal in character, and of mod-

CASE LVIII.-Mrs. M., of Louisiana; aged thirty-

two years; married; several pregnancies. Profuse menstrual flow with great pelvic pain for several years. Found uterus twice its normal size, marked thickening on one side, indicating the presence of an interstitial myoma. Curetted the cavity of the uterus, and made several applications of from 25 to 35 milliamperes, 15 to 30 coulombs. The hemorrhages ceased, and the uterus diminished to nearly its normal size.

CASE LIX .- Mrs. K., of Michigan ; aged thirty-six years; married; several pregnancies. Almost constant hemorrhage for one year. Found uterus enlarged, filling the whole pelvis and reaching nearly to the umbilicus, by interstitial myoma. After six applications of from 100 to 140 milliamperes, the uterus was appreciably diminished in size, and the hemor-

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CASE LX.—Mrs. D., of Ohio; aged thirty-one years; married; never pregnant. Menstrual flow prolonged, profuse, and painful. Uterus double normal size. Subperitoneal and interstitial myoma on posterior wall. After half a dozen applications of from 60 to 100 milliamperes, and 30 to 60 coulombs, the patient's condition was very appreciably improved, the flow diminished, the uterus reduced in size, and the pelvic pain almost wholly relieved.

The above sixty cases may be divided into six classes, as regards results, as follows:

1. Cases which were made worse by the treatment,

or were not much benefited, nine.

2. Cases which were cured, the tumor entirely disappearing, or being so much reduced in size as to be merely perceptible, fourteen.

3. Cases in which the tumor was considerably diminished in size, and all other symptoms relieved, the patient being restored to good health, seventeen.

4. Cases in which the size of the tumor was not materially changed, but the other symptoms controlled, and the patient made practically well, eleven.

5. Cases in which the tumor was not at all diminished in size, and the other symptoms but slightly ameliorated, five.

6. Cases which did not remain under treatment long enough to give the method a fair trial, four.

Of the nine persons who were not at all benefited, or were made worse by electrolysis, I removed the appendages in six cases, and performed the same operation in one of the five cases in which the benefit received from treatment was so slight that the patient was not willing to continue it. The result in all these cases was the rapid reduction of the tumor in size, the cessation of menstruation, and the restoration of the patient to good health, within a few months of the time of the operation.

There are some points of practical interest to be considered in connection with each of the first five classes of cases mentioned, especially with reference to the age of the patients and the character of the tumor as regards its relation to the uterine wall. The average age of the patients included in this report, excluding the four patients who were under treatment for a short time, was 39.5 years. I summarize the data furnished by my case-book upon these points,

I. Cases made worse or not benefited: Cases V, VII, IX, X, XI, XVI, XX, XXIII, XXXI, XXXV, XLIII, XLVIII, XLVIII, LIII. The average age of the nine persons who were not benefited by the treatment was 37.7 years. The average age of the five patients who were only slightly benefited was 36.6 years. Almost without exception these patients were suffering from tumors which were both sub-peritoneal and interstitial in character. The tumors

were large and rapidly growing. The difficulty of dealing with rapidly growing tumors of the classes named, and especially in young persons, has long been recognized, and it is not surprising that less tangible results are secured by electrolysis in this class of cases than in the others. It will be noted that in some instances, as in Case XLIII, the tumor was modified in form, which I attribute to the influence of the current upon the interstitial portions of the growth. I have noticed this change of form in several instances, and in each instance the change has been such as to justify this theory.

2. Cases cured, the tumors disappearing: Cases XIV, XV, XVII, XXI, XXII, XXIV, XXVI, XXIX, XXXIV, XLI, XLVI, LI, LII, LVIII. The average age of the fourteen patients of this class was 37.9 years. In all of these cases the tumor was of the interstitial variety, and the tumors were

small or of moderate size.

3. Cases in which the tumor was reduced in size and other symptoms relieved: Cases III, VI, XVIII, XXV, XXVII, XXVIII, XXXVII, XXXVIII, XXXVIII, XXXIX, XLII, XLIV, L, LIV, LV, LVI, LIX, LX. The average age of the seventeen patients in this class was 40 years. Many of these tumors were very large, especially those of the interstitial variety.

4. Cases in which the size of the tumor was not diminished, but the other symptoms cured: Cases I, IV, VIII, XIII, XIX, XXX, XXXII, XXXIII, XLV, XLIX, LVII. Of the eleven patients included in this class, the average age was 43.3 years. Nearly all of the tumors of this class were of large size.

Of the fifty-six cases treated long enough to determine the value of the treatment, the growth was in thirty-two cases interstitial, in nine cases subperitoneal, and in fifteen cases subperitoneal and interstitial combined. The results in these several classes

were as follows:

1. Of the thirty-two cases of interstitial growth, fourteen were cured; in nine, the tumor was diminished in size and the other symptoms cured; in six, the tumor was not diminished in size, but all the other symptoms were cured; and in three, the tumors were not diminished in size, although the patient was partially relieved of other symptoms.

2. In the nine cases of subperitoneal growth, the patient was either not at all benefited, or made worse in four cases; but slightly benefited in one case; relieved of other symptoms, although the tumor was not diminished in size, in two cases; and cured of other symptoms and tumor diminished in size in two

3. In the fifteen cases of interstitial and subperitoneal growth, there was complete failure in five cases, slight benefit in one case, relief of symptoms without diminution in the size of the tumor in four cases, and relief of all symptoms with diminution in size of the tumor in five cases.

The following table expresses in a concise form the results obtained, the figures in the several columns, with the exception of the first, representing the percentage of the cases in which the results described at the head of the respective column were obtained

(see table, page 170).

There has been much heated discussion of the comparative merits of the two methods of dealing with uterine myomata—the electrical method, developed chiefly by Dr. Apostoli, and the surgical method, employed by Tait, Hegar, Trenholm, Bantock, and until recently also by Kieth, as well as a large number of surgeons of lesser note. I am not a partisan of either method, but have endeavored to acquaint

myself with the merits of both by personal acqaintance with the work of the best operators and its results; and, judging from what I have known of the results of others' work, and more particularly from the data gathered from my own work, which I have endeavored to record and compile with great care, I have reached the conclusion that neither method is the one to be universally adopted, but that each has its legitimate sphere in which it enjoys a superiority over any and all other methods. A study of the cases recorded in this report shows that a certain number were not benefited, but made worse by the employment of electrolysis, and that so many of

	Number of cases.	Per cent. of cases	Per cent. of cases in which symptoms were cured, tumor diminished in size.	Per cent. of cases in which symptoms were cured, and tumor not diminished in size.	Per cent. of cases slightly benefited, tumor not diminished in size.	Percent of cases not at all be nefited, or made worse.
Interstitial	32	43-7	28.3	18.7	9.	
Subperitoneal	9		22.2	22.2	11.1	44-4
Subperitoneal and interstitial	15		33-3	26.6	6.6	33.3
Interstitial, excluding those cured	18		50.0	33-3	16.6	

these cases as were submitted to a surgical operation for the removal of the uterine appendages, were cured thereby. These cases constituted but a small proportion of the whole number treated—slightly less than 13 per cent.—which, I think, fairly represents about the proportion of cases which should be treated by the surgical method. A question of great practical interest in this connection is how to select the cases suitable for each method respectively. I believe the following to be a fair presentation of this question:

I. Cases in Which Electrolysis Should be Employed.

—Electrolysis may be properly employed in a great majority of tumors of this class without any considerable jeopardy to the interests of the patient, and, as shown by the results which I have tabulated, with some degree of benefit in at least 84 per cent. of all the cases treated. In case operative measures become necessary, no harm is done, even if no good is accomplished, provided operation is not delayed after it is clearly evident that relief is not to be obtained

by other means.

Small tumors are pretty sure to be benefited by electrolysis, irrespective of the situation of the growth. There is a prospect of complete cure in interstitial growths of small or moderate size by the electrical method, and an almost equally good prospect of cure is afforded by this method in cases in which the greater portion of the growth is interstitial in character, and its size moderate. In women approaching the change of life, the electrical method is especially indicated, as it has a marked effect in hastening the establishment of the menopause, the influence of which in obliterating growths of this kind is a matter of common observation.

2. Cases in Which Surgical Means are Indicated.—
Surgical measures employed against uterine myoma are chiefly two: First, removal of the tumor itself, or of the entire uterus; second, the removal of the uterine appendages—the ovaries and the Fallopian tubes. The first method is a procedure usually at-

tended by much greater risk of life than the second, and one which is justified only by peculiar and extreme conditions. Consulting my statistics, I find that of the fourteen cases in which electrolysis failed to accomplish material results, all but three or 78.7 per cent.—were under forty years of age, and 42.7 per cent. did not exceed thirty-five years in age. The tumors in these cases were all large, and growing rapidly. The fact that these cases did not yield to the application of electrolysis, even after protracted effort, taken in connection with the remoteness of the time for the natural establishment of the menopause, and the additional fact that the menopause is in these cases often very considerably postponed, seem to me to amply justify the resort to surgical means as the only proper course to be pursued. On the other hand, the same indication for operation is present in cases in which the patient is long past the time for the proper occurrence of the menopause, the change being prevented by the presence of a large and rapidly-growing myomatous growth. The tendency of these growths to assume a malignant character in advanced age, must not be forgotten, and is certainly a weighty argument in favor of the em-ployment of radical means for their extinction in the most prompt and thorough manner possible, when life is seriously threatened by them.

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I have become thoroughly satisfied, from my personal experience in dealing with these tumors, that growths which are subperitoneal in character are much less amenable to the influence of the electrical current than those which are interstitial or submucous. A subperitoneal growth attached to the uterus by a narrow pedicle is out of the sphere of the electrical current, or, at any rate, of any current which can be applied in a safe manner. In watching the effects of the application of the current in the cases which I have treated, I have become strongly inclined to the opinion that the effect of the current upon the development of the tumor is accomplished through the destruction and plugging up of bloodvessels in the vicinity of the intra-uterine electrode, whereby the nutritive supply of the tumor is in part cut off, thus leading, in favorable cases, to its gradual starvation. I have frequently noticed, in cases subjected to electrolysis, a slight inflammatory reaction in which the symptoms of phlebitis in the tumor sometimes extended to adjacent parts. A marked instance of this I have recorded in Case III, in which there was a very decided and rapid decrease in the size of the tumor immediately subsequent to the attack of phlebitis provoked by the electrolysis. If this be the proper explanation of the influence of electrolysis upon these growths, it is evident that less can be effected by this means in cases in which there is present a large, pedunculated mass, springing from the outer portion of the uterine wall.

In these cases, removal of the appendages by which the influence of the ovaries and tubes is gotten rid of, and by means of which, also, the blood supply of the uterus is diminished, is the only measure likely to exert a marked influence on the development of the tumor, unless the entire growth be removed, an operation which, under proper circumstances, is entirely justifiable. In a case which came under my observation some months ago, the entire uterus had been brought into the condition of a pedunculated mass, by supravaginal stretching of the cervix, which formed a pedicle not thicker than the thumb. The patient was sixty-three years of age—fifteen years past the mempause. The growth had made its appearance some seven years previously, and had, within a few months, been

making active development. At the time the patient came under my care, the uterus was fully the size of a gravid uterus at full term. The cervix, as felt by vaginal touch, was scarcely larger than a filbert, and the cervical canal was wholly obliterated. Careful bi-manual examination did not enable me to determine certainly any connection between the large mass which filled the abdominal cavity and the cervix. I began the operation, not knowing whether I should find an uterine or an ovarian tumor, as the mass had an elastic feeling, not unlike that of a tense ovarian cyst. I found the uterus enormously and symmetrically enlarged by a soft cedematous my-There was not the slightest adhesion anywhere, and the operation of removal by supra-vaginal hysterectomy was the simplest matter imaginable. The wound healed throughout its entire extent by immediate union, and the patient recovered without a single grave symptom. The tumor measured thirty inches in circumference. The treatment of this case by electrolysis, either by means of the intra-uterine electrode or electro-puncture, would have been either impossible, or in the highest degree hazardous. Any attempt at electro-puncture would certainly have resulted in opening the peritoneal cavity, and possibly involved the puncture of an intestine; while an attempt to bore through the long, slender cervix would probably have been equally disastrous. It seems to me that a case of this sort is certainly one in which a surgical operation is not only proper, but the only proper procedure to be undertaken.

It may be said, then, that large subperitoneal growths, or growths in which the subperitoneal charcter predominates, should be submitted to operation, if electrolysis cannot safely be employed, or if it has been tried for a reasonable time without good results, it being provided, of course, that the case in hand is one in which the symptoms are sufficiently serious to warrant the comparatively small hazard involved in a laparotomy performed by a skilful operator under favorable conditions.

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A consideration which should not be overlooked in this connection, is the fact that in most, if not all, cases of myomatous growths of the uterus, the ovaries, and often the other appendages of the uterus, are more or less diseased. Indeed, there is much ground for the supposition that the morbid growth of the uterus has its origin in some morbid influence exerted upon the organ by diseased ovaries. Not infrequently, also, the disease of the ovaries is of such character that the patient suffers far more from pain in the ovaries and other adnexa than in the tumor itself. In these cases are we likely to secure any great or permanent benefit from the employment of electrolysis? Indeed, is there not a possibility that through the irritation set up by repeated cauterization of the lining membrane of the uterus, we may aggravate both the suffering and the morbid activity of the diseased appendages? I have met a number of cases in which I was positive that this effect followed the most careful and judicious employment of the electric current. These cases seem to me to be suitable ones for surgical interference, and I do not hesitate to recommend, in cases of this sort, the removal of the appendages, which in the great majority of cases of hard myomata of the uterus, will effect a radical oure by artificially inducing the menopause, and thus leading to the rapid shrinking and ultimate disappearance of the tumor, or at any rate of complete ces-ution of its mischievous activity.

Dr. Apostoli reports success in the treatment of pyosalpinx by electrolysis, and no doubt symptomatic Medical College.

cures may sometimes be effected in this way. I understand the principal claim made for electrolysis in the treatment of this class of cases is that it is a safe method of puncturing the distended tube. I have never employed this method, but have for several years employed the galvano-cautery as the means of opening pelvic abscesses which could be safely approached from the vaginal surface. Dr. Apostoli's success in the treatment of pyosalpinx by electrolysis, and the great value of his method in the treatment of uterine fibromata, certainly entitles his experience and claims to high consideration, and I shall watch with interest the future development of this method of managing pyosalpinx. It must occur, however, to one who has had much experience in the removal of diseased appendages, that cases now and then are met with in which the distended tube has not attached itself to the peritoneum, so that it cannot be readily reached by electrolysis, which would result in perforation of the peritoneal cavity, unless a sufficient amount of inflammation were set up by the treatment to cause adhesion before penetration occurred. Certainly this method is one which would require the highest degree of diagnostic skill on the part of the physician, and the greatest exercise of judgment and discrimination

I have more than once seriously debated in my mind the question whether removal of the appendages is not the preferable method, in some cases, in which a practical cure might be effected by the employment of electrolysis, provided the application could be continued for a sufficient length of time, but in which the patient cannot remain under treatment long enough to afford an opportunity for successful treat-Certainly, in cases of this sort, the patient should be given an opportunity to decide for herself which method of treatment she will employ. The risk of an operation for the removal of the appendages is, in an uncomplicated case, certainly not great. In the hands of a skilful operator, and under favorable conditions, the patient is not subjected to a mortality risk of more than two per cent. I have never yet lost a case of this sort, and within the last year have made a record of fifty-two cases of ovariotomy, including three of hysterectomy, and a number of cases of this sort, without a single death. It must be considered also that the application of electrolysis is itself not wholly free from risk. Several deaths are known to have been produced by this mode of treatment, perhaps in some cases by its injudicious application. When one considers the far greater magnitude of the operation for the removal of the appendages by abdominal section when compared with electrolysis with the intra uterine method, one is impressed with the thought that the electrical method cannot be wholly free from risk since several deaths have occurred as the result of electrolysis, while the mortality of ovariotomy in the hands of skilful specialists is very small. Great mischief has already arisen, and still greater mischief will very likely arise, as the result of the propagation of the idea that electrolysis is a perfectly safe method. Certain it is that safety in the employment of electrolysis is to be secured, as in ovariotomy, only by the most thorough employment of asepsis, and by the exercise of great wisdom and sound judgment on the part of the operator, and skill in diagnosis.

THE Medical Mirror for February contains a por-trait of Dr. Henry H. Mudd, Dean of the St. Louis

CARE IN THE USE OF TUBERCLE BACILLUS AS A REMEDY IN TUBERCULOSIS.

BY SAMUEL G. DIXON, M.D., Professor of Bacteriology, etc., Academy of Natural Sciences.

A FTER a careful study of the action of the toxic substance found in the tubercle bacillus, upon the human economy already the victim of tuberculosis, I venture to cite a few facts regarding the same.

The first case is that of a man who presented himself at a hospital for treatment; without fever; with small whitish nodules scattered over the pharynx; slight cough, and dullness over the right apex; tubercle bacilli in sputum. Injection of the new remedy produced an ulceration of the entire pharynx and a sloughing of the same, tubercle bacilli being found in the slough. After treatment for six weeks the patient lost over twelve pounds in weight. dose was increased to 100 milligrammes. the day following the 100-milligramme injection, of acute miliary tuberculosis of the intestines, heart, liver, kidneys, pleuræ, omentum, etc. The history of this case points strongly to the probability that the acute miliary tuberculosis developed during the treat-ment of the case, owing to the fact that the patient did not develop an abnormal temperature before the injection of the remedy.

From this and many other cases, I feel quite well satisfied that, if by treatment with the new remedy, we set up an extensive ulceration that perforates any of the vascular membranes, we must expect a general

tubercular infection.

Another case of death caused by the treatment was by perforation of the tubercular ulceration through the walls of the intestine.

Just here I beg to call attention to the fact that tuberculosis of the æsophagus, stomach, and intestine are very liable to acute exacerbation under the action

of this organic remedy.

Another unfavorable case worthy of mention occurred quite recently under Fraenkel. He had a case of tubercular phthisis, with consolidation and without cavities, that in the course of treatment developed by metastasis, tuberculosis of the tongue. I may also mention a case of a child with knee-joint disease, that developed by metastasis during treatment, seven solitary tubercles in the brain, each one at least one-fourth of a centimeter in diameter.

At present, I regret to say that I fear our remedy, as generally prepared from the tubercle bacillus, is much more valuable as a prophylactic than as a curative agent, yet I have not by any means given up all hope of its having remedial power. Its diagnostic power, shown by experimentation on the human economy, has fully corroborated my experience with it on animals, yet I am not ready to affirm that it does not react also on other pathological conditions, while its action on tuberculous man does not fully corroborate my results obtained in animals with artificially produced tuberculosis. I cannot but indulge myself with the expectation that the time may be approaching when we shall be able, not merely to destroy tuberculous tissue, but the micro-organism that we find so intimately associated with tuberculosis.

In the meantime, if to be used in the human economy, I would recommend the most careful administration of the new toxic agent, and even with the most favorable cases, that the initial dose does not exceed one-half a milligramme, and should the tissue not manifest a tendency to extensive ulceration, as will be shown by a lower or slightly higher degree of fever on the days intervening between the injections,

the treatment may be cautiously proceeded with. If a decidedly higher temperature is manifested on the intervening days, the welfare of our patient certainly demands a discontinuance of the treatment. This, however, need not of necessity bar a physician, who has seen fit to use the remedy, from making another attempt, providing the patient presents more favorable conditions, particularly as there are a few cases reported as being much benefited by the remedy.

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In some of Prof. Gerhardt's cases the catarrhal condition of the apices has been reduced, while the dullness is gradually decreasing; while Prof. Koch has a few cases at the Moabit in which bacilli have

remained absent for some months.

As I have never felt sufficient confidence in the toxic effects produced by subcutaneous injections of devitalized tubercle bacilli, upon the animal economy suffering with tuberculosis, to risk its use in man, I have, as stated in former communications for some time past, been using a long line of other agents, and I believe that it is only right and proper for me to again call attention of all workers in bacteriological investigation to what I have before strongly hinted at, when alluding to the effects of food, light, temperature, etc., upon the growth of the tubercle bacillus on an artificial culture pabulum.

Glycerine is one of the substances that I have employed in excess since 1889, as specially mentioned in previous articles, and with a marked effect on the

growth of the tubercle bacillus.

After satisfying myself that I had pretty clearly established the effect of an excess of glycerine in the nutritive agar agar glycerine medium upon the growth of the organisms, I proceeded to introduce large doses subcutaneously into the animal economy where a tuberculous process was going on.

In the few cases thus treated, there has, to all appearances, been produced a marked change in the tuberculous process in the animals, therefore to facilitate matters, I hasten to place before my colleagues the suggestion indicated as above, and I should be very glad if they would themselves try its action in the animal economy, and report their observations.

Society Notes.

CHICAGO ACADEMY OF MEDICINE.

THE paper by Dr. Frank S. Billings, entitled Original Research in its Relation to Natural Economies, published in the January 24, 1891, number of this journal, was followed by a discussion of the fellows of the Chicago Academy of Medicine, October 31, 1890; a portion of which discussion is given below:

DR. CLEVENGER said that with the innumerable discouragements which Dr. Billings had experienced in his encounter with "official scientists," it was astonishing that he was willing, even temporarily, to entrust the management of a heavily endowed institution, such as he suggested, to the care of the swarm of ignorant office seekers who, beyond all doubt,

would secure its control.

Fellows of the Academy, said Dr. Clevenger, are familiar with my views on these subjects, and may even consider me a little cranky in the matter, but let me assure you that I have most excellent reasons for such morbidity. I have become justly envenomed against the political methods of our country, because wheresoever I have turned the "spoils system" has proven to be the stone wall erected against the progress of science of every conceivable kind.

In my younger days I was a civil engineer, and in everything that pertained to practical geodesy, astronomy, meteorology, etc., I was an enthusiastic student. My first book was a "Treatise on Government Surveying," which I am justifiably proud in claiming to be still a standard work; but I left the United States Survey Department because, from the Secretary of the Interior down to the Surveyor General it was the rarest thing to meet with one official who had a rudimentary mathematical knowledge; all was boodle and percentages, sometimes higher than half the government appropriations, wrenched from those who were competent to do the surveying. During one winter's investigation in Washington, I found that this robbery of scientists was simply universal. Old Admiral Davis, of the United States Naval Observatory, was almost broken hearted over the inability to penetrate the average Congressman's brain with an idea that astronomy had the remotest connection with our maritime interests, and at one time Congress actually cut off the appropriation for the expense of comparing chronometers, because there was "nothing in it" for them, ignorant or indifferent to the multitude of wrecks of shipping that could have followed.

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The Coast Survey was harassed by Senatorial backing of abject idiots who simply wanted the salaries that required cadetship and profound astronomical knowledge to earn; the Geological Surveys were fighting one another and trying to spend an hour or so a week in legitimate work, because the rest of the time was taken up in pulling for or against political pressure. The Hydrographic office, the Smithsonian Institute, the Agricultural Department, and especially the Department of the Interior, with its possibilities of manipulating Indian affairs, were similarly ideally rotten.

I entered the United States Signal Service as civilian meteorologist, and was stationed at Fort Sully. This service is under the control of the War Department, and hence is largely free, at present, from having been debased by politicians, but the foul claws of the latter are reaching for that scientific bureau, and when it passes to the control of the Agricultural Department as anticipated, competency will no longer be requisite. It should be enough to change the climate of America to the favorite one of the Calvinists.

Army surgeons induced me to study medicine, and I shall always be grateful to them for having helped to build for me a foundation for my after studies that has required no overhauling or repairs, owing to their thoroughness and devotion to their profession. Notwithstanding the fact that army surgeons, through circumstances in their environment, are not encouraged to do much writing or special investigation, those whom I have met were good, earnest students, and in very many respects were ideal physicians. Little did I expect that by any possibility politics could be mixed, or interfere with medicine, until appointed pathologist of the Chicago Insane Asylum, when, to my amazement, I found saloon and gambling-house keepers prowling about the institution in every offical position, robbing, freezing, starving and beating the insane, and entertaining the bitterest hatred for any medical man who protested against their brutality. And the daily press of the country not only refused to print accounts of these atrocities but would misrepresent any one who appealed to them to do so. And why? Simply because there was "boodle in it" for them, and no organized effort against politi-cians could be secured or made "to pay any one" even

respect than another, and some of these officials, to keep on the winning side, changed politics five times in ten years.

I think I understand Dr. Billings' idea in regard to the suggested institution for research, and no one on earth would be more competent to head such a place than he, but, alas, swarms of pismire politicians would eat him and his laboratories up, and then revile his memory because he fought them. If the intelligence of the country can be educated up to any kind of a conception of the value of the plan the doctor proposes, sufficiently so to be able to protect the scientific workers against the entrance of pseudoscientists, who would be most likely to succeed in obtaining political influence for place, then by all means let us have the measure carried out; but there is no hope, at present, of such a thing, and in this hopelessness we have a justification for the perpetration of Sam Waller's remark that "the public is a hass."

DR. G. FRANK LYDSTON: It is a matter of common experience that whenever an individual who apparently has all the attributes essential to success, is unsuccessful, and bewails his unfortunate lot, the explanation of the failure lies very near the door of the individual himself. So it is with scientists, and especially with scientific medical men.

The reason why some of the evils that have been touched upon in Dr. Billings' paper, and in the discussions thereon, exist, is very plain. The scientist very rarely takes a prominent part in politics; he is so absorbed in personal interests of a scientific character that he very rarely indeed takes time to study the philosophy of politics, much less to practically engage therein. He is satisfied to let the government roll along as it pleases, provided he is not interfered with. When, however, he is interfered with, or when he sees obstacles placed in the way of scientific progress, or even when the government re-fuses to lend a willing ear to measures for the advancement of science, he immediately begins to find fault with the government, and to attribute the lack of encouragement of science to rotten politics. His own neglect is really responsible in great measure for the corrupt condition of politics which he de-One reason why original research is so warmly encouraged in Europe, as contrasted with the United States, is, that in the legislative bodies of European countries, scientific men are numerous and prominent. In France scientists are encouraged not only by the support of the people, but by the government at large, simply because many scientists are elected by the people to positions in the legislative body, and science, therefore, has much to say in the formation of laws; and we would naturally expect some benefit to accrue threfrom for scientific men.

In the German Reichstag there are many scientists, as is well known, who are accorded respect and political support in the various localities which they represent. Prof. Virchow is well known politically, and it cannot be said that his political prominence has ever been detrimental to his success as a scientist. It is possible that much of his professional and scientific success has been dependent upon his political importance.

ity. And the daily press of the country not only retased to print accounts of these atrocities but would misrepresent any one who appealed to them to do so. And why? Simply because there was "boodle in it" for them, and no organized effort against politicians could be secured or made "to pay any one" even if instituted. One party was not a whit better in this the community. It certainly should not be derogatory to his professional self respect or social standing for him to do what he can in moulding the political ideas of those with whom he comes in contact. If the better class of professional men would take interest in political matters, and would encourage scientific men to take public positions, the scientific millenium would not, perhaps, be very far off. At present, however, the slightest attempt on the part of the physician to dabble in politics, either practically or theoretically, is attributed to some ulterior motive. I have had some experience in this respect. As soon as the scientist assumes a position of political importance, he will get somewhere near what he calls for. At the present time, however, the quack and quasi-scientific mountebank is of more importance, politically and commercially, in the community, than is the man of pure scientific propensities.

When we, as physicians, assume our proper position in the community from a political, social, and commercial standpoint, we will be enabled to influence the Rockafellers, and other capitalists, in the direction of endowments for scientific institutions. It is to be hoped that some of the money which is now being so recklessly expended in the direction of religious institutions, will one day be diverted to scientific purposes.

Dr. Clevenger's remarks regarding the army surgeon are slightly incorrect. Their failure to progress scientifically, and to contribute to our scientific knowledge, is not due to lack of encouragement or jealousy, but is due to other factors, viz.:

7. To lack of clinical material upon which to practice those principles and precepts that have been inculcated by our colleges.

2. To overcrowding, there being a marked superfluity of army surgeons. The army could get along very nicely with a third as many surgeons as it has at present.

3 The inuate laziness of a large proportion of men who occupy government positions.

These men apply for admission to the army with but one idea, that is, to pass the first examination—by the skin of their teeth, if need be. Having entered the army, their sole ambition is to be able to pass a second examination after the expiration of five years, after which they anticipate the peace and quiet of absolute indolence. These factors, taken in connection with certain peculiarities of environment, are enough to explain the scientific apathy of the average army surgeon. I say this with a due realization of the fact that there are in the United States army at the present day very capable and scientific men, some of whom I number among my personal friends.

In order to demonstrate the economic value of original research, the scientist must impress upon the public the actual commercial value of said research. It would be well to remind the public occasionally of the actual monetary valuation of such scientific feats as preventive inoculation. This can readily be illustrated in the case of small-pox. It can also be illustrated by the experiments of Pasteur in the prevention of the silk-work disease, chickencholera, anthrax, etc.

Nothing appeals to the public so strongly as that which affects their pockets, and we must lay scientific technicalities aside and endeavor to convince the public at large that there are immense financial questions involved in the matter of original research.

The Polyclinic.

JEFFERSON MEDICAL COLLEGE HOSPITAL

In a case of fumbricoides,	Di.	Kex 5	ave	the to
I ing prescription:	ties g	學研究		OR YES
BExt. spigeliæ fl.,		SPRE	188	7-16
Ext. senne. fl	3 7500		17.	4-14

And for the digestive disorder with which the patient was troubled:

B	-Pepsini	gr. xxx.
	Acid. muriatic dilu	f3ij.
	Aquæq. s. ad	f Z iij.

95

M.—S. A teaspoonful three times a day, after meals.

Dr. Stelwagon, in a case of scabies, recommended the following plan of treatment. After the parts have been thoroughly washed and cleaused, the following ointment was to be applied:

R.—Sulphuris sublimat	fäij.
Balsam Peruviani	fäiss.
Adipis	f388-j.
Sig. Apply by rubbing in thoroughly.	Det Be

For a case of erosion of the os uteri, Prof. Parvin advised the use of hot douches, and the application of a solution of iodine and glycerine to the eroded sur-

For a case presenting at the clinic, with marked anæmia, he was advised to live upon a meat diet principally; the bowels to be kept in a soluble condition, and the internal administration of the following prescription:

RLiq. arsenici chloridi	_44 222
Tinct. ferri chloridi	gtt. IIJ.
Syr. limonis	131
Aquæ q. s. ad	
S. Three times daily, freely diluted.	in sory

Dr. Cohen, in a case of spasm of the larynx, due to a reflex trouble from disease of the nasal septum, made application of the electric cautery to the swelling on the septum.

The following prescription was given in a case of chronic bronchitis:

B	Ammonii iodidi	făii.
	Vini ipecacuanhæ	ßij.
7	Syr. tolu	ſij.
w e	Aquæq. s. ad	fziij

Prof. Parvin directed in a case of anamic amenorate at that the patient take cod-liver oil and syrup of the iodide of iron, a teaspoonful three times a day, and the application of the galvanic battery to the uterus.

Prof. Keen, in a recent clinic, presented a case of chronic ulcer, the method of treatment consisting in skin grafting. The surface of the ulcer was thoroughly scraped, and cleansed with an antiseptic solution; a sufficient number of long, thin strips of skin were cut from the surface of the thigh and placed on the surface of the ulcer, and the usual antiseptic dressing applied.

In a case of *phthisis* the following prescription prescribed:

RL	iq. potassii	arsenitis.	alto bill	· VOL	3ij.
	r. nucis von				
Tall	r. cinchona	comp	770.00	f	3113.
E	lix. simplic	ip		a.d. 1	Jir.
-9	A teaspoonf	al three ti	mee a d	AT.	150.0

The Times and Register

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New York and Philadelphia, February 28, 1891.

EUTHANASIA.

THE editorial last week upon sudden death has evoked a reply, in which the writer takes the ground that sudden death is not always and necessarily an evil to be deplored. Death in itself is not so appalling as the expectation of it; and there are many who so dread the anticipation of dissolution that their prayer is rather for a sudden and unexpected ending of life. Apart from these instances of the utmost moral cowardice, there are those in which enthanasia is desired. This must not be confounded with suicide, as it does not necessarily imply the latter. Euthanasia is rather the shortening and rendering less painful the final struggle. When death is inevitable and imminent, when consciousmeans agony, the prayer is that of Adrian:

"Cease, fond nature, cease thy strife, And let me languish into life;"

ssuming that the reference is to the life eternal.

While there is much in the medical art that is indeterminate, there are still many cases in which the gnosis stands so clearly written that even the uncilled eye can interpret. In the latter stages of noer, of phthisis, of cardiac deficiency, of diabetes, the verdict is as immutable as the laws of the Medes Persians. The possibility of recovery stands on per with Rabelais' assertion that Gargantua was m from his mother's ear, because all things—this cluded—were possible with a Supreme Being. When death is then imminent, under such circum s, there is yet a difference in the way in which it's regarded by the interested individual. It seems as it no amount of suffering can extinguish the love of life or the terror of death in some persons. Every day, hour, minute, of life is treasured. With almost the last gasp they beg us to insure them a little more

But with many others, the intensity of suffering breaks down the desire of living, and the suffer tracely longs for his release. Why, then,

should this desire not be granted? What possible object is to be gained by the continuance of life? The individual realizes his approaching fate, and has made such preparation as his sufferings will permit. To prolong such a life is but heartless cruelty; and the creed that would refuse the boon of euthanasia is as antiquated as that which withholds the anesthetic from the parturient woman on so-called "religious" grounds.

Plato tells of a man who, having an incurable disease, devoted himself exclusively to the task of prolonging his life, and succeeded in reaching old age. But, as this was his sole occupation, the philosopher concluded that it would have been better for him to have made no such effort, but rather suffer an unproductive life to come to an end. This, however, does not seem to be necessarily true. While men have duties to the State, they are something more than citizens. Life is an individual possession, and its valuation lies with the man and not with the community of which he is a member. To him, life was of a value sufficient to make it desirable; and as long as he desired to retain it the State could not gainsay his right upon the grounds of public economy. It is too much to ask of any man that he should die from motives of economy. The same reasoning would lead to the destruction of aged and helpless individuals; of surplus members of any trade-in other words, to the development of a callous selfishness the like of which no civilized nation has seen since the days of Lycurgus. It is doubtful if the materialism that is said to prevail to-day will ever reach the Spartan level.

In the case of hopeless insanity, enthanasia has been suggested; but as here, also, the motive is economy rather than mercy, and the desire for death is from the community—or at least the relatives—rather than from the individual, it should be disallowed: Besides, the records show that even in hospitals for the incurable, chronic insane patients occasionally recover; so that there is here not that absolute hopelessness that alone excuses the hastening of death.

Annotations.

THE Cincinnati Lancet Clinic suggests that the Ohio Legislature should unite the three State Colleges at Athens, Oxford and Columbus in one strong University; that the medical colleges in Cincinnati, Cleveland and Columbus should be united to form one great school for each city; and that no more charters be granted to educational institutions.

Wise suggestions, provided there is any way to combat the tendency of these schools to fall into the hands of cliques, and thus prevent the best men having any opportunity. It is this that has stimulated the multiplication of colleges.

Among the new societies started at the University of Pennsylvania this week, is one that has for its object the examination of the brains of distinguished decedents. The operations of the society will be limited to persons holding diplomas from the University.

Letters to the Editor.

PATIENTS VS. ETHICS.

HOPE I shall be pardoned for taking issue on an ethical point with one so prominent in medical thought and literature that his reputation is international, but I have a few words to say concerning the remarks on patents made by Prof. Shoemaker, in his article on "The Prostatic Electrolyzer," which appeared in The Times and Register of January

The Hippocratic oath rests serenely in the literary museum, and a powerful effort is being made in some directions to place the code of ethics of the American Medical Association by its side, but it is well to think carefully before discarding that which, although not entirely satisfactory, has proven worthy of, and occu-pied a prominent place in medical organization, and which still deserves respect. Now, more than at any previous time, is there need of esprit-de-corps and an elevated and well-understood code of ethics among medical men.

The low standard of general and professional edu-cation which obtains in many medical schools has flooded the country with diplomas, and placed in the ranks of regular medicine men whose only use for a diploma is to comply with lax legal requirements and live out of jail. The quack, and often unfortunately the scientific quack, flourishes like a forest of bay, and

appears in many forms.

The traveling M.D., agent for pharmacist and publisher; the editor of a medical journal for advertisements only; the hired exponent of proprietary remedies; the professional chemist who certifies to the purity of soap and baking powder from carefully selected samples; the "regular" who has a friend on the daily papers; the shrewd scribe who gets his neatly covered advertisement in the heart of our highest grade journals; and even the "professional expert," who gives biased testimony before our law expert," who gives biased testimony before our law courts, are all familiar, to say nothing of the horde of which the "late of Bellevue Hospital" class is

The elevated moral and ethical standard of the medical profession in the past has won the esteem of the public, and has stimulated young men entering the field of medical work to strive to deserve that esteem; in the present, when the degree has come to mean of itself little or nothing, should that standard be lowered, or, in connection with the earnest efforts which are being made to raise the educational platform, should not the lines be even closer drawn which separate the conscientious physician, holding a just view of the dignity and nobility of his occupation,

from the mercenary?

He would be a narrow-minded man indeed who would abstain from producing a valuable invention because lack of a patent would give its benefits to humanity primarily and to himself but secondarily. Prof. Shoemaker suggests that patents would secure inventors from possible (but scarcely probable) loss. No doubt it might, and if skilfully advertised do much better, but it would at the same time tend to increase the number of attacks of acute mania which have afflicted the medical world and set our profes-sional brethren pumping gas and injecting testicular juice, giving them a brief newspaper notoriety, to the

shame of the profession.

My honored teacher has good reason to know that an able physician is rewarded by the homage of his

fellows, and indirectly by the shekels of the public, and I cannot see that his standing in the community could be improved by the exhibition of a model in MANLY F. GATES, M.D. the Patent Office.

U. S. S. "KEARSARGE," PORT-AU-PRINCE, HAYTL

CINCINNATI CORRESPONDENCE

R. C. C. COMEGYS, Cincinnati's Nestor, has been re-elected President of the Board of Trustees of the Cincinnati University. Dr. Comegys is an honored member of the medical profession, and eminently fitted for this post, especially as the medical, dental and pharmaceutical colleges are now departments of the University. The University library has recently been enriched by the library of Matthew Thomas, left them by will, also the sum of \$150,000

by the same testator.

A new dental college is being organized. It is to be the dental department of the Cincinnati College of Medicine and Surgery. The faculty will consist of G. S. Junkerman, M.D., D.D.S., Dean of the Faculty, Professor of Special Anatomy and Operative Dentistry; John M. Shaller, M.D., Professor of Physiology and Practical Histology; W. E. Lewis, M.D., Professor of Descriptive and Practical Anatomy; A. I. F. Buxbaum; M.D., D.D.S., Professor of Prosthetic Dentistry and Dental Metallurgy; Charles H. Martin, D.D.S., Professor of Dental Materia Medica and Dental Pathology; Wm. Dickore, Ph.D., Profesor of Theoretical and Analytical Chemistry. A dispensary and dental laboratory will be connected with the new school. It will have a task before it if it displaces the hold the old and honored Ohio College of Dental Surgery has on our people.

Hypnotism has received a set back in Cincinnati. Health Officer Prendergast has done a very commendable thing by forbidding a public exhibition by a certain "Professor." The Health Officer has the support of the medical profession in this stand. Dr. A. B. Richardson, of this city, late superintendent of the Insane Asylum at Athens, has recently written a very able article on this subject. The general opinion which demands careful watching is that it is a matter which demands careful water that it does not more harm than good, but which, under certain restrictions, is capable of much good.

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The Cincinnati Hospital report for the past year, as made by Superintendent McLean to the Board of as made by Superintendent McLean to the Board at Trustees, is as follows: Births, 216; total number in the hospital during the year, 5,020; discharged, 4,325; died, 379; remaining over, 316. The daily average cost of maintaining a patient is 83.9 cents.

Total number treated in the accident ward, 430. The total number of accident and patrol wagon of amounted to 1,289, and out of that number 18 were dead on reaching the hospital. In the drug department there were 24,930 prescriptions made during the year; at an average cost of 11½ cents. The library fund, which comes from the tickets to lectures in the amphitheetre amounted to 51,275.00, which in the amphitheatre amounted to \$1,275.00, which means 255 students in attendance on the clinical

The Cincinnati Obstetrical Society at its annual meeting elected the following officers for the ensing year: President, Dr. E. W. Mitchell; Vice-President, Dr. Rufus B. Hall; Recording Secretary, Dr. Thos. P.

White; Corresponding Secretary, Dr. Thon. P.
White; Corresponding Secretary, Dr. E. S. McKe;
Treasurer and Librarian, Dr. John L. Cleveland.
Dr. E. W. Mitchell has the dual and simultaneous
honor of being president of two medical societies in
the same city. The Obstetrical and the Walnut
Hills.

A sad case is reported from Fostoria. A prominent and honored dentist was accused of rape by a milliner who was having her teeth treated. The affair weighed quite heavily on the doctor, and, though acquitted, he was taken ill, and died. What punishment is mete for that woman?

Drs. C. D. Palmer and Geo. F. Allen each have a child under their charge at the Cincinnati Hospital hom prematurely, being nourished in the Tarnier incubator. Both children are doing well, and the incubator seems to be a success. An old negro woman in Cincinnati anticipated the Tarnier incubator some years ago. She had a number of premature births, and always, to her great grief, lost them. Finally, she remembered how the "possums" did down in old "Kaintuck," and when her next baby was born she tied it in cotton close to her body and kept it there two months. This child is alive and grown.

Death has been busy in Cincinnati during the past

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ring The Death has been busy in Cincinnati during the past winter. Three prominent members of the medical profession have died. Dr. Benjamin F. Richardson was long known as one of the most successful practitioners of medicine, and was at one time a professor in the Medical College of Ohio. Dr. John Davis was one of the founders of the Miami Medical College, and for many years Professor of Anatomy, and later of Materia Medica. He was one of the founders and President of the Union Central Life Insurance Company, and President of the Ohio Humane Society and the Law and Order League. The third in the list was Dr. Charles A. Miller, for twelve years Superintendent of Longview Asylum for the insane.

The Dawson prizes were contested for the eigh-The Dawson prizes were contested for the eignment annual time at the Good Samaritan Hospital mently. These consist of prizes given the students of the Medical College of Ohio, in dissecting, drawing and bandaging. The contest was quite a spirited one, and the results, though sealed for the present, will be disselved on compression to right. will be divulged on commencement night. A very autiful feature was the speeches made after the contest. Dr. C. G. Comegys was called upon, and described the students of his time and those of the ent. In his time the students sat with their hats during the lecture. He then referred to the contest and the contestants. He said the doctor stood searer the heart of humanity than any other class of ons. He referred to the fact that medicine is wood and knows no state lines or politics. The doc-The speaker had often asked prisoners of war, after The speaker had often asked prisoners of war, after our late conflict, how the doctors had treated them. The universal answer was, well, fully as well as they could under the circumstances, and that they were always bemoaning their scant means of mitigating their suffering. After the war was over, the first to stretch the hand of friendship over the red field of war was the medical profession. They invited the restoration of the National Assemblies. At Detroit, in 1866, Dr. D. W. Yandell, of Louisville, was elected madent and the next year the meeting was held in ident, and the next year the meeting was held in orleans. The preachers are fighting yet. Major-General W. A. Quarrels, of Clarksville, Tenn., an Consederate, was present as a patient of Dr. Dawand was called on for a speech. He responded the true Southern warmth and feeling. He lauded the army surgeon in glowing and grateful terms. He ad been under his care and received great benefit. He thought the medical men had a right to be proud their broad humanity and of the fact that they the first to meet in fraternal association after the the first to meet in fraternal association after the sand shake hands across the field still red. He a stirring instance which occurred at the time

of Lincoln's assassination, when he was a wounded prisoner of war in the North, and was attacked by a blind and infuriated mob, and how bravely he was defended by Union surgeons, nurses and convalescent soldiers. After listening to some more very pleasant remarks, the guests adjourned to the dining hall where an elegant feast was spread for them by Dr. Dawson.

Book Notices.

REPORT ON THE SEWERAGE SYSTEM, etc., of Berlin, Dresden, Frankfurt, and Paris. Made to Hon. Edwin H. Fitler, Mayor of Philadelphia. By PETER D. KEYSER, M.D. Philadelphia: Dunlap & Clarke, 817 Filbert street.

In his travels Dr. Keyser has used a pair of very keen eyes to good advantage.

Auscultation and Percussion. By F. C. Shattuck, M.D. Detroit: Geo. S. Davis. 1890. Cloth, 50 cents; paper, 25 cents.

This little manual is so good in every way that we would be glad to see it in the hands of every medical student. It is precisely what they want—concise, but explicit.

A COMPEND ON GYNECOLOGY. By HENRY MORRIS, M.D. With forty-five illustrations. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut street. 1891.

This is an excellent compend; much better than the other one written by the same author. The illustrations are only fair, especially those taken from Byford, in which the disproportionate size of the hands mars the usefulness of the picture. The directions for examination, and the outlines of disease-description could scarcely be improved.

ARRYZLICHER ALMANACH. Herausgegeben von med. Dr. ADOLF KALLAY. Jahrgang Wien, 1891. Verlag von W. Braumueller & Sohn.

This answers to our own pocket case books, and a description of how this need is met in Germany may be of interest. The book is a thick and stubby little volume, poorly bound in cloth, consisting of over 400 pages three and a half by five and a quarter inches. It contains a calendar, some tables, portrait and biography of Popoff; Cantani's diet for diabetics, index of diseases and treatment; Drasche on Hearttonics; table of drugs and doses; doses for hypodermics; antidotes; list of European health resorts, giving seasons, etc.; the staffs of every medical faculty in Europe, and, finally, the daily record. The latter is simply in the form of blank pages, with two columns on each, one for each day of the year. Visits are evidently to be recorded as in a day-book—each one separately on each day. This gives the maximum of labor, but has the advantage of being a legal proof of the account that could be presented as evidence in a court of law. But the average American prefers a system by which he need only write his patient's name once a month, and make a dot or a line to indicate a visit.

JAPAN had a plethora of epidemics during 1890. Influenza reached her shores in February. Cholera followed, with over 31,000 deaths. Dysentery affected 38,878 persons, with 7,262 deaths; a ratio of 18.94 per cent. Typhoid fever occurred 22,784 times, with 5,369 deaths; 23.56 per cent.—Sei-i kwai.

Pamphlets.

The Franklinic Interrupted Current; or, My New System of Therapeutic Administration of Static Electricity. By William James Morton, M.D. Reprinted from the *Medical Record*, January 24, 1891.

In What Class of Wounds Shall We Use Drainage? By Henry Orlando Marcy, A.M., M.D., I.L.D. Reprinted from the Transactions of the American Association of Obstetricians and Gynecologists, September, 1890.

Surgical Relief for Biliary Obstruction. By Henry O. Marcy, A.M., M.D., L.L.D. Reprinted from the *Journal of the American Medical Association*, December 20, 1890.

The Medical Digest.

FRENCH NOTES.

A. E. ROUSSELL, M.D.

COCAINE IN OBSTETRICS.—Dr. Bousquet, of Marseilles, reports thirty-two cases of labor in which he used hypodermics of a $\frac{1}{20}$ solution of cocaine, $\frac{1}{2}$ syringe of Pravaz being injected in each labia majora near the fourchette five or ten minutes before spontaneous expulsion, or before artificial intervention. Of these thirty-two cases twenty-two were natural labors, and ten cases necessitated the use of the forceps, version, or the basiotribe. In all, cocaine was employed, either by injections in the labia majora, or by vaginal tampons. We have always had the satisfaction to notice if not suppression, at least a considerable attenuation of the suffering. The two cases in which antipyrine was employed were without result.-Archives de Tocologie.

PREPARATIONS OF SACCHARINE.—Saccharine being each day more employed in therapeutics, the following formulæ may be found useful:

41.	F7 7 40		SHALL COUNTY OF THE
1200010	10/2/1909	AT VA	ccharine:

R.—Saccharine soluble	20 oraine
At. Dacendi me Soldbie	30 grains.
Distilled water	8 ounces.

May replace simple syrup.

Solution of Saccharine I per cent .:

R.—Saccharine pure	15 grains. 75 "
Distilled water	3 ounces.

Twenty five drachms of this solution correspond to sixty-two drachms of sugar.

Saccharinated Syrup of Rhubarb:

B	-Rhubarb root	375 grains.
	Carbonate of Soda	ALL TOURS IN SHIELD
	Distilled water	75 drachms.
	Saccharine soluble	22 grains.

Replaces the simple syrup of rhubarb.

Saccharinated Syrup of Orange:

R.—Tincture of bitter ore	nge peel	21/2	drachms.
Simple solution of sa	ccharine	17	K. Sank

Saccharinated Syrup of Senna and Manna:

Senna leaves	525 grains.
Anise "	30 "
Distilled water	62 drachms.
Saccharine soluble	30 grains.
Manna	1500 "

Saccharinated Emulsion of Almonds:

R	Sweet almonds	375	grains.
	Saccharine soluble	15	
	Distilled water	62	drachms.

Powder	of	Sacche	irinat	ed A	lmonds:

8	R	Sweet alm	ionds.			QC	O Praine
		Powdered	gum A	Arabic .	Address Ex	12	0 "
		Saccharin					8 4
t	The let t	HEREITE TO		Chelp.	Des l	111 1999	

Mixture of Saccharinated Almonds:

BPowder of saccharinated almonds .	1	part.
Distilled water	10	"

Saccharinated Dover's Powder:

	ipecac root	
a totadir n a 15	gum Arabic	75 "
Saccharin	e soluble	3 "

-Bulletin Médical

SALICYLIC ACID is now a very important drug, and cautions have been repeatedly given that the impure article of commerce is not safe for internal use. But Spenzer (Columbus Medical Journal), after an examination of sixteen samples, concludes that the present crystalline synthetic acid leaves nothing to be desired.

WE have already spoken of the remarkable proper ties of Lanoline Soap, which is becoming a favorite for persons whose skin does not bear ordinary soaps. To the list of lanoline preparations has now been added a Lanoline Toilet Salve. This is made from lanoline, paraffin liq., ceresive and perfume. It has been recommended as the best home remedy against chapped hands and lips, burns, cuts, bruises, coms, piles and for preserving and softening the skin, especially in children.

BARBER'S PALSY.—At the Calcutta Medical Society, Dr. Adie showed a barber, aged fifty, who was suffering from what he might call barber's palsy. The symptoms commenced about a year ago. He was quite unable to hold or use a razor owing to trembling and weakness of the right hand and arm. Other movements, such as picking up a coin off the floor, he could execute fairly well, and he could hold and use a knife quite steadily with the left hand.

-Indian Med. Gazett.

THE TREATMENT OF MALIGNANT TUMORS WITH PYOCTANIN.—At the last meeting of the Vienna Society of Physicians Prof. Mosetig showed two cass of malignant tumors (sarcoma) which had been treated successfully by him some months ago with pyoctanin. In one of them, the patient being fifty years old, the sarcoma was situated in the inguinal region, and was considerably shrunken after repeated injections of solutions of pyoctanin into the tumor and its neighborhood. The solution was prepared from Merck's pyoctanin in the strength of i in 300 and 1 in 500 of water respectively.

HYDRASTIS vs. PHTHISIS.—I have used hydrastis for the past thirty years as a local application to inflamed mucous surfaces; and noting its efficiency, especially in inflammatory conditions of the pharynt, it occurred that it might be equally efficacious in the treatment of bronchitis if it were possible to apply it directly to the inflamed membrane. Accordingly, about four years ago, to accomplish this I administered it by inhalation in the form of a vapor. The result was very satisfactory. I then used it in a case of bronchitis complicated with chronic hepatization, as was surprised to find that not only the bronchitis, also the pneumonic deposit disappeared. I have use in the different stages of phthisis over three years, a

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my experience justifies me in asserting it to be a meety of remarkable efficacy if properly and perngly used.

During the first month of treatment the night-meats usually disappear, and the cough and expecporation is greatly diminished; the patient has a better opetite, better digestion, and gains in strength.

lobtain the best results by using it in combination

th chloride of sodium, one part of the fluid extract of hydrastis to three parts of a saturated solution of the salt.—Palmer, The Med. Age.

FISTULA IN ANO. - In an article published in one of the best medical journals, a distinguished surgical teacher is made to say: "In operating for fistula in and introduce a grooved director into the external opening, push it into the bowel, and bring the point of the anus; then, with a sharp knife, divide all ssues upon the director; this completes the opera-This advice is not only misleading, but is an eror. The bottom of the sinus should be divided as well as the top, and if any additional sinuses exist, s they do in the majority of cases, they, too, must be freely divided. No operation is "complete" until this is done, and a failure to attend to these precautions will end in a futile attempt to eradicate the fistula.—Med. Progress.

Courts.-I would submit the following conclu-

1. Inflammation about the caput coli is, as a rule,

2. A certain proportion of cases will recover sponeously by resolution. With these, recurrence of the disease is common.

3. In the larger proportion the disease will endanre life, and may at any moment assume a practically lopeless condition.

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4 Operation involves less danger than delay, and should be resorted to in all cases in which a high made of inflammation is persistent.

5. The essentials of the operative technique are

5. The essentials of the operation work, removal in interesting and drainage. The latof the appendix, irrigation, and drainage.

onlincision is preferable to the median.

-McMurtry, Med. Progress.

REMOVAL OF THE GASSERIAN GANGLION.—On usday, the 29th ult., at King's College Hospital, fore a large gathering of the profession and of odents, Prof. W. Rose repeated his operation for removal of the Gasserian ganglion on the right.

The operation occupied about one hour and a half. The eyelids were stitched together on the de of the operation in order to obviate any chance mjury to the eyeball. The base of the skull was ched by sawing through the zygoma and the cor-oid process of the lower jaw respectively, turning masseter downwards with the former, and the moral muscle upwards with the latter; the trewas then applied at the foramen ovale, and the opening made the ganglion was drawn n by a blunt hook and separated from its attachy another hook with a cutting inside edge: hooks, set on long handles, had been specially see hooks, set on long handles, had been specially see for the operation. Electricity was employed to only for the purpose of illumination, but also to all the several pieces of bone so as to suture them there at the end of the operation. The woman, a test of Prof. Ferrier's, was sixty years of age and suffered from an agonizing tic.

Med. Press.

Tapping for Acute Synovitis. — Owen (The Practitioner) describes nine cases of traumatic effusion into the knee-joint, treated by tapping. In some instances the aspirator was employed, but in others he used a hydrocele canula. Strict asepticism was enjoined, and care taken to prevent the access of air to the initial that agrees become trouble to follow the joint. He had never known trouble to follow, and employed tapping as a routine treatment in patellar fractures and simple distention.

As a rule the puncture is made to one side of the patella. When withdrawing the canula the track is obliterated by firm pressure with the finger. The skin puncture is covered with a scrap of lint dipped in collodion, or by a little pad of dry wool. The knee, together with the upper half of the leg and the lower half of the thigh, is then enclosed in lateral splints of house flannel and plaster of Paris. The limb is fixed in the extended position, the foot being slightly raised. The firm pressure which is made around the joint is comforting, and it effectually prevents further effusion into the synovial membrane.

"Having watched the effect of this method of treatment, I can honestly say that, should I have the bad luck to be the subject of acute traumatic hæmarthrosis or sero-synovial effusion of the knee, I should most certainly have the joint treated in the manner described. And I should ask that the site of puncture might be first numbed by the application of a little piece of ice and some salt."

RENAL CALCULI.—It is very important, from a surgical point of view, to know whether one of the kidneys is sound. The fact is certain, when during the nephritic colic, the urine, after being purulent, becomes limpid. When the case is otherwise, we cannot affirm disease of both hide. cannot affirm disease of both kidneys, for the ureter on the diseased side may be incompletely obstructed. Of late, it has been proposed to catheterize the ureter with the view of determining the state of both kid-

neys, but the idea is absurd.

In the female it has been advised to dilate the ureter; to illuminate the interior of the bladder by means of the electric light in order to find the orifice of the ureter. According to Pawlick, these precautions would also be useless, for the urethra, the trigone, and the orifice of the ureter, may be felt through the anterior vaginal wall, and this would enable one to guide directly the instrument; but the operation would be both dangerous and useless. In the male it has been proposed to obstruct temporarily one ureter in order to ascertain the state of the other kidney.

Other authorities have advised the establishment

Other authorities have advised the establishment of a renal fistula on the side supposed to be diseased, before deciding on extirpation. This exploratory nephrotomy is the worst kind of treatment.

Let me say, in concluding, that even when the urine of one kidney is absolutely clear, this fact does not exclude the possibility of a diseased state of this organ, an atrophy for example, and the patient may die of uræmia after the extirpation of the other kidneys which has been found to be the seat of calculations. ney, which has been found to be the seat of calculi.

—Germain Sée, Med. Age.

TREATMENT OF OOPHORITIS .- A young married lady had suffered intensely from dysmenorrhæa and copious leucorrhæa for a considerable period previous to her marriage. I was convinced that endometritis was present, this having been induced by attending dancing parties night after night quite irrespective of the fact that frequently she was menstruating at the time. Menorrhagia also existed, which was induced by the same reckless conduct. After marriage her symptoms became aggravated, and she came to me complaining of intense prostration, both mental and physical, while pain on the least exertion was very acute over both ovaries and in the back. Defæcation was very painful, and there was profuse muco-puru-lent discharge. On examination, both ovaries were found to be enlarged and hypersensitive to touch. The uterus was retroflexed, and there was endometritis. Dyspareunia also existed to a prohibitive extent. She was put under treatment which consisted in the weekly application of iodized phenol to the endometrium, and each time the uterus was restored to its normal position and retained there by means of tampons soaked in glycerine of alum and boracic acid, which were removed in three days and fresh ones In less than four months all traces of discomfort had disappeared; the uterus remained in situ, and the ovaries were reduced to their normal size,

and within a year afterwards she became pregnant.

There would be no difficulty in citing any number of additional cases to illustrate what I have endeavored to describe as one of the most potent factors of oophoritis, and to demonstrate what happy results can be attained by the employment of suitable measures for the restoration of the uterus, when dis-

ease of this organ is concomitant with oophoritis.

I do not, however, wish it to be inferred that I hold oophorectomy can always be avoided, but at the same time I cannot refrain from stating as my firm conviction that in many instances it may be avoided if the treatment I advocate receives an honest trial.

-Bell, Med. Press.

TERPENE IODIDE IN ACUTE DISEASES OF THE LUNGS.—For the past two or three years I have carried on a series of therapeutical investigations in search of some antiseptic agent that would act as a specific against the development of acute diseases of the lungs, more particularly acute congestion, pneumonia, and those catarrhal and throat affections which are so often the premonitory symptoms of more seri-

While I have demonstrated to my own satisfaction that these diseases may be cut short, I am not so sanguine that the remedy will prove curative in all cases where a disease is once fully developed, yet further investigation may prove that it possesses specific

properties even in these cases.

It has been my desire only to suggest some drug or combination of drugs which will prevent the ravages of the various cocci that are carried into the lungs through the agency of those septic storms which are so frequent in this climate, before an ac-

tual disease of the lungs has been established.

I believe that terpene iodide enters into the circulation unchanged, from the fact that it acts as quickly as if it were administered hypodermically. It is my judgment that the remedy offers greater success and produces happier results than any other of this class of remedies. While it is a powerful antiseptic, it is comparatively harmless, for, after prescribing it for several years, I have yet to meet with any unpleasant

In acute affections of the throat it may be used in spray, while in other cases it may be given to adults in ten-drop doses, on a teaspoonful of sugar, once or twice a day—in the morning and at bedtime. The morning dose should be followed by a glass of milk or bouillon. Larger or more frequent doses are apt to excite too great a discharge of urine. I have no doubt that terpene iodide will, should it

come into general practice, find a wider range of usefulness than that above indicated. As to its value in phthisis pulmonalis, diphtheria, and other zymotic diseases, I am at present unable to speak.

—Gregg, N. Y. Med. Jour.

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CYSTINURIA.—At a meeting of the Royal Academy of Medicine in Ireland, Dr. Walter G. Smith read a paper upon Cystinuria. The condition is a rare one, and scarcely seventy cases are upon record.

A boy, aged eight years, was reported by his mother to have passed urine of a fragrant, orris-root odor, and depositing a greenish sediment. The boy's health was excellent in all respects, and there were no symptoms of urinary irritation. Out of six occasions upon which the child's urine was examined once only was cystin found. The crystals were identified by their form, solubility in ammonia, and insolubility in acetic acid. The true formula of cystin is $(C_2H_4NSO_3)_3$. Dr. Smith discussed in some detail our present knowledge of the physiology and pathology of cystin. The following summary may be given:

1. Cystin, or a cystin-like body, occurs in small amount in human urine, as a normal product of proteid

metabolism.

2. No relationship exists between uric acid and

3. Associated with cystinuria, pathologically, is the occurrence, in the urine and fæces, of certain

ptomaines, belonging to the class of diamines, viz.:

(a) Penta-methylene diamine (Cadaverin), C_aH_uN_p,

(b) Tetra-methylene diamine (Putrescin), C_aH_uN_p, 4. Normal urine and fæces never contain diamines

nor do they occur in cystin calculi.
5. The formation of diamines is due to the agency

of specific bacteria in the intestine.

6. The exact nature of the correlation between cytinuria and diaminuria has not yet been determin

7. Cystinuria may persist for years without apparent injury to the health of the patient.

8. The therapeutical indication is to disinfect the contents of the bowel.—Dublin Jour. Med. Sci.

Non-operative Treatment of Hemorrhous.

—Daily action of bowels.—Owing to hurry many sadly neglect the bowels, which act very irregularly. It is very important that they should be trained to act once a day from childhood, say, immediately after breakfast, and those who have paid proper attention to this rule but seldom require treatment. Sponging the anus and surrounding parts with soap and cold water is a very efficient application. Acrid fluids, etc., which during the ensuing day would irritate the skin, are removed

Diet, etc.—In this country we, as a rule, eat far too much meat and too little vegetable food. I am confident that this habit has much to do with the easily state of bowels and the formation of hemorrhoids. I have seen cases of hemorrhoids with constipation cured by such attention alone, by taking apples or pears after breakfast, by increasing the quantity of cabbage, cauliflower, etc., taken with dinner and with lucheon, and by at the same time diminishing the amount of meat eaten

the amount of meat eaten.

I believe that this is a most important cause, and that if a reasonable amount of physic exertion were undergone by the nation generally constipation and hemorrhoids would very seldon a quire treatment, the liver would be well known action of the intestines would be assisted by the decimal treatment and the selfont action of the intestines would be assisted by the selfont action dominal muscles.

s.-It is astonishing how much relief some denta obtain by an injection daily of as much water can be retained for four or five minutes with comat. I generally begin by recommending lukewarm but as soon as the patient can bear cold I des it. This seems to stimulate the whole bowel on above downwards, to act as a tonic on its inerior by daily removing large masses which lodge in he rectum, to enable its walls to regain their elasticty and contractility, and by removing irritating eretions and pressure, to prevent hyperplasia of clular tissue which accompanies a dilated condition

Alcohol.—Those who suffer from hemorrhoids ould, if possible, give up taking stimulants entirely; for they tend to produce a dilated condition of vessels encrywhere, and by causing disease of the liver of an obstructive character give rise to dilatation of all the branches of the vena porta, and those of the

rectum suffer more than any.
I may here repeat what I have already said, that y all cases of hemorrhoids, both internal and external, can be cured by proper, simple, rational actical treatment.—Thomas, Lancet.

CEREBRAL HEMORRHAGE.—With regard to the diagnosis of hemorrhage at the surface of the brain, the symptoms, in case of extensive lesion, are similar, whether the rupture be of the middle meningeal artery (producing hemorrhage between the dura ia mater (producing hemorrhage into the arachnoid cavity). It will, therefore, not be out of place to numerate the symptoms of hemorrhage from the niddle meningeal artery in the order considered, to the that of their comparative value by Jacobson, in his exhaustive treatise on this subject in the Guy's Hospital Reports.

1. A period of consciousness intervening between the accident and the symptoms of compression. This period may vary, according to Wiesman, from fifteen minutes to eleven days. It may be absent, as Jacobson states, on account of (a) the severity of the original violence, (b) depression of bone, (c) accompanying injury to the brain, (d) the extravasation having been immediate and copious owing to the size of the branch where ruptured, and (c) drunkenness.

2 Hemiplegia, paraplegia, rigidity. The hemiplegia is not always present or always complete; re partial, the arm is likely to be affected without the leg, or with only a paresis of the leg; but the leg is probably never paralyzed without the arm. raplegia may occur in the case of extension from the hemisphere to the other. The paralysis may, in tional cases, be temporary

1. Dilatation (usually unequal) of pupils, the pupil sense generally larger on the side of the hemorrhage, account of extension forward upon the sphenoidal are, causing paralysis of the third nerve. (Hutch-

A slow, full, and laboring pulse.
Unconsciousness, passing into coma.
Stertorous, laborious, or "snorting" respiration,
the breath emitted from the corner of the mouth

a whist or pust of smoke. (Guthrie.)
Rechymosis or contusions of the parietal and posal regions, giving rise to a pusty or pulpy feel, bloodlessness of the bones overlying the clot, bloodlessness of the bones over

Wiesman adds, vomiting, unilateral impairment of sensation, aphasia, disorders of the bladder and rectum, automatic movements and lying always on one side, and rise in temperature. He adds also that convulsions may precede the affection.

—Boston Med. and Surg. Jour.

INOCULATION OF DOG SERUM AS A REMEDY FOR TUBERCULOSIS.—In a series of communications made in the course of the last two years to the Société de Biologie, MM. Héricourt and Richet have given the results obtained by the injection of the blood of an results obtained by the injection of the blood of an animal refractory to tuberculosis, such as the dog, into the economy of one susceptible to the onslaughts of the bacillus. They have demonstrated experimentally that such a proceeding exerts a retarding influence on the evolution of tuberculosis artificially communicated, without, however, stopping it altogether. With a view of intensifying these partially expectation parameters of casine blood, they incoulated protective properties of canine blood, they inoculated the dog with a large dose of very active tuberculous matter, and one month later (the animal having lost flesh, and exhibiting manifest signs of ill-health) injected into the peritoneal cavity of three rabbits 70 cc. of the dog's blood. A week later these rabbits were, with three other test rabbits, inoculated with strong tuberculous virus, with the result that in twenty-five days two of the latter had succumbed, the rest surviving. Their ultimate fate is not recorded. Encouraged by these results, MM. Richet and Héricourt have extended the application of their method to tuberculous human beings, employing the serum only, and selecting the interscapular region as the seat of inoculation. M. Richet reports (Société de Biologie, January 24) that four phthisical men have, since the early part of December, 1890, been subject to this novel treatment. The results obtained seem to war-rant the assumption that the introduction of the serum of dog's blood into the human economy counteracts, of dog's blood into the human economy counteracts, to some extent at least, the noxious influence of Koch's bacillus. In all four cases (two being affected with pulmonary and two with concomitant laryngeal and pulmonary phthisis) eighteen days' treatment had the effect of suppressing the night-sweats, improving the appetite, increasing strength and weight (one patient put on flesh to the extent of over nine pounds), and minimizing the physical signs. In the two cases of laryngeal phthisis, the epiglottis, which was very swollen and motionless, became much reduced in volume, and regained its mobility, the distressing agony experienced during deglutition duced in volume, and regained its mobility, the distressing agony experienced during deglutition disappearing. The inoculations (dose, from 1 to 4 cc. every three or six days) are followed by neither local nor general reaction. On two occasions only was pain (lasting twenty-four hours) complained of. In all the cases the interscapular region became the seat of itching, developing some time after the operation, and attaining its maximum eighteen or twenty-four hours later.—The Lancet.

Bronchiectasis in Young Children.—It is always secondary to some antecedent lung trouble—bronchitis, pneumonia, or pleurisy. It is true that the acute specifics, especially measles and whooping-cough, are frequently its precursors, but this is mainly on account of the frequency with which these diseases are attended by pulmonary complications.

The clinical history is as follows: The child is, to begin with, ill-nourished and perhaps rickety, so that any inflammatory lung disease is very likely to become chronic. Such a child gets measles or whooping-cough, or, as is so often the case, the one soon

after the other; the ordinary bronchial catarrh attendant thereupon extends downward in so badly nourished a patient, and sets up an acute bronchitis or even a broncho-pneumonia. The acute specific fever per se further weakens the child, and if not immediately fatal the pulmonary mischief tends to become chronic; in fact, Eustace Smith has especially pointed out that when catarrhal pneumonia occurs as a complication of measles or whooping cough the sub-acute character may prevail from the first. From all these causes combined the elasticity of the bronchial tubes is impaired, and they become more than usually dilatable, and thus the train is laid for securing the rapid development of bronchiectasis.

Of treatment unfortunately but little can be said, beyond emphasizing the obvious importance of taking every precaution to prevent any fresh catarrh, and to maintain the general health. Probably, when prac-ticable, the placing of the patient in a suitable climate -free from damp, fog, and sudden changes of tem-

perature—is the most urgent indication.

Prophylaxis, however, is the most important; the disease is most likely to supervene in badly-nourished delicate children, and therefore when these are attacked by bronchitis or broncho-pneumonia, we should not only treat the local disease, but also (which is of even greater importance) try to improve the general health and tissue vitality, being especially careful not to persist too long in the use of depressant pulmonary remedies. The child will be placed in the best position for getting rid of its disease by having its general vigor increased. Thus may we hope to prevent the mischief becoming chronic, and also to ward off the danger of a relapse. We should always bear in mind the possibility of an attack of bronchitis or bronchopneumonia, even in very young children, and par-ticularly after measles or whooping cough, leading quite apart from the ever present danger of tuber-culosis—to a practically incurable form of organic lung disease, the comparative frequency of which is perhaps hardly sufficiently recognized.

-Carr, The Practitioner.

COFFEE.-I recall the case of Mrs. S., a mother of five children, all born within eight years, one or more of them sick half the time from the time of their birth. Mother conscientious and ever alert to her duty, suddenly taken down with heart trouble and such nervous symptoms as to apparently imperil life. Upon examination, I discovered an almost bloodless woman, with a heart beating irregularly, but so fast as to be almost beyond counting. A restless, hunted down expression of face and physique; no fever; an utter inability to sleep; no appetite for weeks past. The history which I soon elicited demonstrated the fact, which had been overlooked by her attendant, but which I suspected from seeing a coffee pot upon the table by the bedside, viz., that the mother, in order to bear up under the burdens placed upon her, had been for six months absolutely living upon black coffee. The desire for food or ability to digest it had long since gone. The blood had become impover-ished from lack of sustenance. Like the indiscreet owner of the thorough bred roadster, she had been constantly feeding with the whip instead of oats. Her cerebro spinal centres, the acceleratory nerves of her heart, would have soon been whipped to the point of exhaustion. Opiates and digitalis, whisky and pre-digested milk, good sleep, a check rein upon her circulatory organ, oats instead of the whip, in the form of nutrition easy to assimilate, gradually brought the patient around to a condition of health. It may

not be uninteresting to state that this excellent man, although a coffee drankard, was a member of the local Temperance Union.

After years of extended observation and pronounced personal experience, I feel justified in announcing:

I. The world has in the infusion of coffee, one of

its most valuable beverages.

2. As a prompt diffusible stimulant either by the stomach or by injection into the rectum, it is in all cases of shock, preferable to alcohol.

3. It is antagonistic to malaria and specially destructive to the typhoid bacillus and cholera germ, and for this reason it is an admirable remedial agent in these conditions, both as a direct stimulant, an antiseptic and an encourager of elimination.

One of its chief advantages in health and dis is in the fact that it aids in the securement of that psychical satisfaction which is conducive to hope, comfort, good digestion, great power of resistance and rapid recuperation. from a general seither tractili current tieth a that ce For the tiest to forms uable. To ence, and to seive and co seives, import thought ception central tracks to the tiest to the tiest

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5. In season, it supports, tides over dangers, helps the appropriative powers of the system, whips up the flagging energies, enhances the endurance, but is in no sense a food, and for these reasons and many others, it should be used temperately, as should all of nature's benign gifts.

6. In excess, it is even more dangerous than alcohol, for it is not, like the latter, a nutrient, nor is the effect of its excessive use so apparent or unrespectable.—Love, Jour. Am. Med. Asso.

BIPOLAR FARADIZATION.—The main points con-

sidered may be thus summed up:

r. From the continuous-coil apparatus, owing to its combination of helices, the wires of which differ in thickness and length, proceed four qualities of current that vary in a most remarkable degree in all the properties of electricity—physical, physiological and therapeutical.

2. That the variation is observed most markedly when applications are made internally to the vag uterus, rectum, or bladder, by the bipolar method.

3. From the primary or first induction coil, we obtain a current of quantity that is barely perceptible externally, but internally, and especially by the bipolar method, acts with greatly increased efficiency.

4. From the combination of the primary and second

ary induction coils we obtain a current of greater tension, but which still acts mildly when applied externally. Applied internally, however, its effects are far greater than the first coil, both in exciting the sensibility and contractility, and the utmost caution must be exercised in its use. must be exercised in its use. In the same degralso, it acts upon the vagina, rectum, bladder, testes. This current is especially applicable in treatment of enlargements of the uterus due to se involution, but is of little or no value when the enlargement is due to fibrous tissue. It is of espe value in post-partum hemorrhage, and from its power to excite the sensibility and contractility of the bladder and rectum it may be used with good effect when these organs are anæsthetic or suffer from diminished

these organs are ansesthetic or suffer from diministration of lost contractility.

5. From a combination of the first, second, a third induction coils we obtain the maximum of pot to excite both sensibility and contractility on external surface of the body, each additional simply giving a decreasing power over sensation contraction. Applied internally, however, it acts less powerfully than either of the two previous named currents; but in the ordinary forms of part of voluntary muscles it will more readily call.

ons than the current from any other com-

6. From the first, second, third and fourth induc-cials combined, a current is obtained, differing and superior to all the others in its sedative and ceral tonic effect upon the system at large. It actility when applied externally, as does the third ment of the series, nor with a tenth or even a twenth part of the acuteness when applied internally, at characterizes the second current of the series. For the purposes of general faradization, however, it is the only proper current to use, and for applicans to the vagina and uterus, for the relief of many of pain, it possesses properties that are inval-

To those who look upon electricity with indifferme, and would relegate its use to ignorant attendad conscientiously developing the subject for themives, the statements here made may seem of little

for those, however, who are more hospitable in thought, and will take the pains to master the principles of physics and the technique of electrical applications, I confidently predict a plentiful harvest of good results.—Rockwell, Med. Record.

SOPORIFIC ACTION OF MERCURY.-I am not aware that the above action of mercury in the class of cases about to describe has been recorded. No doubt the fact is known to many of you, yet it does not spear to me to be so generally, and that is my reason to bringing the subject formand

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bringing the subject forward at this meeting.

The cases in which I have found blue pill—for this the form of mercury I am referring to—give such sold soporific effects they are rather difficult to dembe, and must be given in a more or less general way. Many men would call them cases of biliousness, and patients are generally over forty, complaining of lassitude, loss of appetite, a general fullness of the abdosen, pains in the shoulder-joints, tongue generally of a whitish-brown color, a nasty taste in the mouth, yes are rather "thick," a want of clearness of bought, more or loss duit pain in the last the last the country of the cou t, more or less dull pain in the head, not confined to any one particular spot, irritability of the sin, and, above all, sleeplessness at night. There be many more symptoms and signs than the sore, or few of them may be present; but, when the symptom of sleeplessness is prominently com-paned of, it is here that we find the soporific action the pill followed by saline draughts peculiarly lought out. Now, the symptoms detailed are prin-cally those found under the heading of billion paily those found under the heading of bilious dys-pair, but there is this important clinical difference: portant parts in producing the above form of dysnot more so, in women, and where the plain-

and moderate exercise have been taken.

The is a little doubt that the sea air has someto do with the above state of health; people who to do with the above state of health; people who have down to the seaside after a long residence it after a few days' sojourn the aforementioned symptoms. I believe that we passide in seaside resorts would less often be appear to prescribe for this condition were a litable in the seaside taken immediately by the patient on his miral; but, perhaps, on the whole, this had better late our hands.

Again, I do not associate these eases with those which are commonly called "lithsemia," or the substitution of uric acid for urea as the final product of disintegration of albuminous substances within the body; under this last condition you obtain the more

what is the exact action of the mercury which brings about the happy results I do not know, not am I anxious to speculate or propose theories. Mnr. chison supposed that it possessed a double action, for whether or not the secretion of bile was increased. there was certainly more bile passed when mercury was being taken; thus an eliminating action was brought about, so that less of the bile constituent were absorbed from the intestines than usually. Again, he supposes, in some way or other, the albumen is more thoroughly disintegrated. But what is important for us to know is the use of a drug which will enable you to give your patient a good night, whilst at the same time you are treating the root of the disease, and apparently not giving ordinary

soporific drugs.

It is needless for me to use any padding to this paper in the way of quotation of cases; they would be uninteresting and wearisome; and the title of my paper does not admit it.—Tyson, Brit. Med. Jour.

TREATMENT OF HERNIA BY ASPIRATION.—On being called some years since to a case of recently strangulated hernia which I failed, under chloroform, to reduce by taxis, finding the tension in and dis-tension of the protruded gut apparently the main obstacle to reduction, I emptied it by means of my hypodermic syringe, with the result that reduction was at once easily accomplished. I have since repeated the operation on thirty-two occasions, in twenty-eight of which reduction was readily accomplished, and in the remaining four three were, sub-sequent to aspiration, subjected to the usual operation (with one death from gangrenous gut), and one stead-fastly preferred death to further operation, and succumbed on the tenth day. In neither of the three cases of herniotomy could any traces be found of the previous aspiration, due, I think, to two causes (1) the small size of the needle used—small hypodermic syringe; (2) the arrangement of the fibres (muscular) in the wall of the gut.

The class of cases which have appeared to me most suitable for the operation are (1) recent cases—thirty-six to forty-eight hours or less; (2) where the patient or friends refuse to submit to herniotomy. The simple aspiration can be designated "doing a littlesomething." The advantages claimed for this pro-

cedure are:

1. It avoids the delay almost inseparable from the herniotomy, for example, gaining consent of friends, procuring adequate ansistance, etc.

2. It avoids rough and heroic attempts at reduction by taxis by placing in the hands of the general practitioner a means of reduction easy of application, and requiring no extensive surgical skill for its performance, and, moreover, a proceeding which, by reducing the tension of the protrasion, lessens the danger of the taxis subsequently employed.

3. It avoids the risks of pysemia and applicants, inseparable from all operations in which the skin is divided.

Let us consider in how for this accounts to be a single and divided.

Let us consider in how for this operation is but on a consideration of the austomical and pathologic conditions present. We must remember that the terms abdominal ring, the impainal canal, the extra abdominal ring, the creations, the creations

and the saphenous opening in the fascia lata of the thigh are all bounded chiefly, if not solely, by aponeurotic structures, which have become thickened and resistant although the openings have all become dilated. The margins of these openings forced back and thickened offer a strong passive resistance, so that if the protrusion becomes distended in any way by faces or flatus the neck or parrow portion is so by fæces or flatus, the neck or narrow portion is so wedged into these fascial openings or canals that it becomes compressed, the venous circulation impeded (both arteries and veins are, of course, compressed, but the thicker coats of, and the greater force of circulation in, the former render them less affected by the pressure), the proportion between the protrusion and the opening or canal through which it has descended becomes so altered that the hernia becomes irreducible. Now, seeing that (in recent cases, at any rate) it must be the distension of the protrusion which is the main obstacle to reduction, there having elapsed no time for the effusion of lymph or other inflammatory changes to occur, having failed to reduce by taxis, it appears to me to be a perfectly justifiable proceeding to at once empty the protrusion of whatever fluid or flatus it may contain, and, having thus lessened its bulk, to reduce by taxis.

-Hern, Brit. Med. Jour.

TREATMENT OF PNEUMONIA. - It has been conclusively shown that the mortality from the disease is directly proportionate to the severity of the symptomatic fever; and it is therefore but natural to conclude that the presence of a high temperature tends to destroy the functional activity of some vital organ. Standing out as it does in such bold relief to the other morbid phenomena of the disease, it is hardly surprising that the condition of the lung has always concentrated upon itself the attention of the physician, and constituted the recognized target at which all his remedial treatment should be aimed. At the present day, however, it is held by most observers that the symptoms of the malady are not the direct result of a simple inflammation of the lung, but rather the outcome of a constitutional affection. And since it will be admitted by all that, whatever may be the true pathology of the disease, there exists no definite relation between the amount of the consolidation and the severity of the fever, it is obvious that the lung cannot be that vital organ upon which a high tem-perature exerts such a destructive influence. We must therefore look elsewhere for the immediate cause of death; and every item of evidence, whether it be pathological or clinical, points to the same inevitable conclusion—namely, that the fatal termination of acute pneumonia is the direct result of cardiac failure.

There are two general factors which are capable of producing the condition of cardiac insufficiency—an increased resistance to the propulsive action of the heart, and a progressive deterioration of its muscular substance. And in acute pneumonia both these factors are conspicuously present; the former in the increase of tension in the pulmonary circuit consequent on the consolidation of a portion of the lung, and the latter as the direct result of a high temperature. The action of these two forces is to compel the heart to beat more forcibly and more quickly, while at the same time it is steadily deprived of the power to do sither. In the authoric variety of the disease the either. In the asthenic variety of the disease the heart is intrinsically feeble from the outset, and hence the malign influence of fever is an unnecessary element in the production of its insufficiency.

That these a priori considerations are in accordance with actual facts has already, been shown, for it has

been proved that death is most liable to supervitwo periods in the disease: about the fifth day, the fever is at its height, or at the crisis, when or collapse is apt to result from its sudden withdra. One step further. Two great methods of treats have been examined in detail as to their influence. upon the mortality from the disease. In the one wind that the chief remedies were aimed at relieving the condition of the lung; and while stimulants freely administered with the object of whipping up the flagging heart, the cause of its physical lameness was allowed to proceed unmolested. The result was that among 552 cases so treated the mortality excee 23 per cent., although alcohol was exhibited in no less than 70 per cent. In the second case a method of treatment was adopted with one special object; to economize cardiac force by minimizing the injurious influences of fever. In 108 cases of similar severity to the foregoing the treatment consisted in the systematic reduction of temperature by means of spong-ing or ice cradling. Of this number only 45 (41 per cent.) received alcohol, and only 10 per cent. died.

Again, among the former class 46 deaths resulted from collapse at the crisis of the fever. Among the latter, where special attention was paid to this source of danger, not a single death is recorded from this cause. Nothing could be more conclusive, for these facts show to what a considerable extent the mortality from acute pneumonia may be reduced when prophylactic treatment is applied with the view of strengthening that vital position against which death almost invariably concentrates the force of his attack. And the success which has attended this rational treatment of acute pneumonia appears as a still further argument in favor of the specific febrile nature of the disease; for it would indicate that the consolidation of the lung is after all but an analogue of the typhoid ulcer and of the scarlatinal sore throat-a characteristic result, but never the cause, of the disease. It has also been shown that, firstly, the quantity of abumen in the urine is of considerable prognostic value; secondly, that the crisis is often a period of great danger to life; and thirdly, that those cases which commence with a severe gastro intestinal attack are twice as liable to end fatally as those which exhibit the more usual initial rigor.

-Fenwick, in The Land.

THE NITRITES.-Nitrite of amyl is much m prompt in its action than nitro-glycerine, but the latter is more stable, and consequently more permanently beneficial results follow its exhibition. In most affections in which the

beneficial results follow its exhibition. In most affections in which their use is admissable, this statement being borne in mind, I shall treat of them as one, specifying those exceptional cases where nitroglycerine is to be decidedly given the preference.

Nitrite of amyl has been long appreciated as a meful remedy to stave off or modify paroxysms of culture continued administration of it in the epilepsy might reward us with positive benefit from a curative standpoint. As a palliative, being slower than amyl mitrite, it is not of the same value when the paroxysm threatens.

Both of these agents cut short the cold stage of in-termittent fever. The administration of amyl mine is often followed by a fall of temperature, and insercases several degrees. Nitro-glycerine is not so nounced in its effect in this direction.

Both agents relieve chronic hicough.

time glycerine has been recommended in the treatact of inhoping ough and laryngismus stridulus;
at I cannot here speak from my own experience.

But agents relieve neuralgia of the fifth pair of
mus, and both have given prompt relief in that
am of migraine accompanied by facial pallor; but
scases of migraine marked by flushing of the face,
to migraine is aggravated by the use of either.

Tetanus and hydrophobia are said to yield to their
replication, and good results are noted.

They form antidotes to strychnine poisoning; but I
much impressed with the thought that, just as

much impressed with the thought that, just as imm and belladonna, or their leading alkaloids are bine and atrophine) are antidotal, and yet, a sultant action therapeutically comes from their chibition in combination, or following closely one the other, we do see cases in which the action nitro-glycerine is backed up and made more permaat and efficient by giving these remedies in closely treating doses, say half hour or hour apart, as in me cases of heart failure, of which I shall presently

In reflex vomiting, in some cases of gastralgia, the trite of amyl and nitro-glycerine stand us in good

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But in angina pectoris—true and pseudo—the whiffs often bringing prompt relief in those emerthe most expeditious action. No agent finds its way into the system with such rapidity, except prussic aid. But though slower somewhat in action, nitro-

verine even here is more permanently beneficial. In muscular spasm, such as the spasm in neuralgic dymenorrhoea, amyl nitrite has proven most caused and I confidently recommend the nitro-glycerine in the variety of spasm which characterizes hour-glass conthe improper administration of ergot. It not only ill control the muscular spasm, but sustain the muscular spasm, but sustain the control the muscular spasm, but sustain the control the muscular spasm, but sustain the control that the placents has ge present in these cases when the placenta has a detached; and, by the renewed strength thus aded, enable us to deliver the secundines, and prouniform and safe contraction of the uterus. e agents have been recommended in the treatnt of edampsia, but should not be thus used unless e danger of hemorrhage is provided against by the iministration, fifteen or twenty minutes after the my nitrite or trinitrin, of a full and commanding

in the weak heart, incident to opium poisoning, b. A. T. Spencer attributed the recovery of the pato the administration of nitro-glycerine. My own aperience in this field is meagre and vague, and does not bear out Dr. Spencer, though, in justice, I would be my confidence in its efficiency.

in the irregular muscular spasm, present in renal hepatic colic, I believe we have a potent remedy aire glycerine. In some unique conditions of the same character, of the stomach and ones. I know of no remedy so prompt and potent as glycerine.

ave had obstinate sciatica palliated or temporthe lived by nitro-glycerine; but, in the case in the living it, its curative power was disappoint and have I had the benefit from it in spasmodic

as that I believed I had a right to expect.

ally, it must be remembered that the repeated of mitrite of amyl begets tolerance in the patient; see find a great difference in the susceptibility of the subjects, and that sometimes there may

occur sudden and alarming unconsciousness wit marked pallor and feeble or absent pulse. Nitroglycerine is the one agent that acts more promptly when exhibited by the mouth than hypodermically.

—Upshur, Va. Med. Monthly. chwith at Port White

TREATMENT OF MALARIA.—Much of our knowledge concerning malaria has been derived from the British surgeons in India. We believe that the following extract from the Indian Medical Gasette will be found of interest:

Prophylaxis by quinine (2 grs. daily) was tried during months of June and July and then stopped; and this brings me to the question of quinine in gen-

During 1887 and 1888 I had given this drug an extended trial, and then decided in my own mind extended trial, and then decided in my own mind that its effect was almost nil; but must qualify this by adding, in and during a malarial epidemic. Here the Gurkhas have all had quinine regularly; but the 38th B. I. none whatever, Its effects at such healthy bases as Mandalay, Myingyan, Pokoko, Pagan, etc., dry healthy places where fever is not endemic (though cholers and diarrhees abound) may be explained in the state of the stat this way. Post hoc has been confused with propter hoc, the effect of the quinine is not the cause of the improvement, but climate has brought about the result. I had many opportunities of seeing this in 1888, and in and during malarial epidemics, doses of quinine gr. 1 carefully increased to gra. 120 daily have in hundreds of cases, in my hands, had no effect. In the few cases relatively, where patients have been removed to healthy parts, and have, instead of improving, got worse, it has been found that quinine was inefficacious.,

Some opinions of medical officers with respect to remittent fever and quinine have lately been published with a verdict against it, and with respect to intermittent, I think that the natural tendency to cure has been overlooked when quinine has b

To take a suppositious case. To any given number of ague cases in hospital, during an outbreak quinine is given; and to a similar number is omitt What do we find? Precisely the same occurs. So continue their agues, some stop, In a healthy continue their agues, some stop. In a healthy climate, if the same plan be tried, the majority will stop having fever with or without quinine.

I substitute a tonic mixture of ferri et quin. cit.,

with tr. nucis vom., or ferri et ammon. cit, with quinine sulph. gr. 1/2, t. i. d. (In small doses it seems an invaluable tonic.) This tonic effect is, in prophylaxis probably the only result the quinine has, phylaxis probably the only result the quinine has, i. e., in obviating such predisposing causes to fever, which have lowered the tone of the system, e. g., anxiety, worry, over-work, diarrhoea, chills, all weakening diseases. Antifebrine or antiphrine are most useful to induce perspiration and to lower temperature in remittent or intermittent fever, but phesacetine seems superior to both, and, indeed, to all other febrifuges, not being so depressant, though sedetive and to be more efficacious. Complications have been few. A prolonged debility stage, owing, perhaps, to previous malaria at Kan, with hard work during the late expedition, and a want of fresh milk, was noticed. I add cod-liver oil with good result to the usual remedies. the usual remedies

For insomnia sulphonal acts well, especially when symptoms such as headache and burning pains believe

¹ Surgeon Blancard, I.M.S., has given up to gra 200 daily during epidemics in 1887 without result.

the eye are prominent symptoms. In these cases I sometimes found the head temperature (lingual) to be somewhat higher than the body (axillary) e. g., lingual to be 99.6°, and axillary 98.8°, i. e., at the

same time.

Though dysentery is rarely met with at Fort White, it may not be out of place to mention here a drug that I prefer to ipecacuanha, vis., hamamelis, dose 10 to 40 m. every hour, in 1 0z. of water day and night for an acute case. In the few dysentery cases, occurring in the later stages of remittent fever, I have here used enemata of argnt. nitrat. three times daily as per formula, with excellent results:

An interesting record of temperature occurred in the case of Sergeant Lewis, Commissariat Department, who, after three weeks' ordinary quotidian ague, on August 28, 1890, passed through the three stages of ague three times, with a maximum temperature each time of 104° in the burning stage, and on August 29, 1890, twice, maximum first time being 104 and second 106. Phenacetine was the only drug used, the warm stage being hastened as much as possible, shivering being severe, with well heated blankets and hot water bottles, etc. He made an excellent recovery on the river.

In conclusion, I would state that it is most difficult,

In conclusion, I would state that it is most difficult, when working by oneself in a malarial epidemic to remain unprejudiced. If I have weighed facts impartially, or even succeeded in the attempt to do so,

I am more than satisfied.

TREATMENT OF ANAMIA.—The treatment, to be rational, must be based on a sound pathology, and accordingly we have tried to work out the pathology of anæmia, and have shown that anæmia depends upon either defective hemogenesis or increased hemolysis, or upon the two combined. The principles of the treatment must, therefore, follow upon these lines. It will be convenient to consider treatment under three heads—dietetic, hygienic, and medicinal.

In defective hemogenesis, whether the anæmia is idiopathic or symptomatic, the diet should be liberal, and contain a considerable amount of animal food. A small quantity of red wine, such as Burgundy, port, or claret, or malted liquor, as light bitter ale or stout, is often useful. The patient should get out into the open air, and take gentle exercise when the strength permits; but in profound anæmia absolute rest is imperative to save the fatty and weakened heart. The patient should be encouraged to take a tepid sponge bath in the morning, if not too ill. Warm, but not tight, clothing should be worn. Coming now to the medicinal treatment, the following remedies have, to a greater or less degree, the property of increasing the rapidity of, or of perfecting, blood formation, and are, therefore, hemogenetics: iron, phosphorus; potash, manganese, arsenic, oxygen, hydrochloric acid (indirectly). Iron is the most important of the hemogenetics; it is a constituent of hemoglobin, the physical condition of which is determined by its state of oxidation. Iron must therefore be regarded as a food as well as a medicine, and it must be borne in mind that the ordinary food taken in sufficient quantity contains all the iron necessary for blood formation in health. The manner in which iron acts when administered as a medicine, appears to be by first stimulating the formation

of new or young red corpuscles, and only later does it go to increasing the amount of hemoglobin in the existing corpuscles. All forms of iron are useful in anæmia, but the bland preparations, and probably ferrous salts, are usually better borne, and can be exhibited in larger doses and for a longer time. The most convenient form is by pills which do not blacked the teeth, allow of easily-adjusted dosage, and have been proved to be efficacious. Disturbance of the stomach and intestine is no bar to the administration of iron, but in these circumstances a bitter and alkali mixture should be given between meals, and the iron in pills with, or directly after, food. Constipation is best combatted by a morning saline aperient, as by one of the natural purgative waters, or a teaspoonful each of sulphate of sodium and sulphate of magnesium (with or without a teaspoonful of chloride of sodium) in half a tumblerful of warm water. Se Andrew Clark has insisted on the great importance of purgatives in the treatment of chlorosis. Fashing determines, in a great measure, the choice of the determines, in a great measure, the choice of the preparations of iron employed. At the present time, mainly due to the influence of Niemeyer's teaching, Blaud's pill is the general favorite. The reactions which take place in this pill are interesting. It is shown by Mr. Martindale that a 5-grain Blaud's pill, according to the additions to the B. P., 1890, should contain about 1 grain of true carbonate of iron, at ferrous carbonate, but it is found that before the nile. ferrous carbonate, but it is found that before the p can be dried and coated quite one half of this has been converted into ferric oxide. Mr. Martindale states that the pill is best made by taking 3 parts of carbonate of potassium and 5 parts of sulphate of iron (crystals), or equal weights of dried sulphate of iron and carbonate of potassium. A 5-grain pill med with saccharated carbonate of iron and syrup, inst of confection of roses, or a 5-grain pill of dried sub-phate of iron, also made with syrup, will contain three times as much iron as Blaud's pill. The excess of potash in the latter is not of any therapentical imof potash in the latter is not of any therapeutical im-portance, as potash is so abundantly supplied by the food. Three points in the iron treatment remain to be noticed:

1. The importance of pushing the iron to a considerable quantity when it is tolerated.

2. The value of sunshine and fresh air in alding its remedial effects.

its remedial effects.
3. The importance in chlorosis of taking iron for two or three months after apparent cure. The other hematinics are much less active, but are of occasional

We now pass on to the treatment of hemolytic samia. Here theoretical considerations suggest the animal food should be sparingly given, from its tradency to increase hemolysis in the formation of bile Dr. Hunter has suggested, and put into practice in one case, a purely milk, and a milk and farinaccost diet, with slight benefit, but the case was too advanced for striking results. I feel sure that a purely milk, or milk and farinaccous diet, deserves a trial is pernicious anæmia. Alcohol is not, as a rule, indicated, and when administered should be given in the form of spirit very freely diluted. In the advanced stages absolute rest in bed is necessary, but when its strength permits, sitting or driving in the open are and sunshine are distinctly of benefit in combatting the hemolysis. We must not forget to foster the accreased and compensatory hemogenesis which struggling to maintain the balance. We now come to the medicinal treatment of permicious and other forms of hemolytic anæmia. Amongst the remedition which diminish blood destruction—anti-hemolytic

sumerated arsenic, quinine, mercary, phos-pusphthol, todoform, carbolic acid, sulpho-s, menthol.

e treatment of ansemia in recent years, arsenic mly stands in the foremost position. It was first pred by Dr. Byrom Bramwell in pernicious anin 1877. Since then abundant testimony has med its value, and its action, if not specific, is hast very striking. Fowler's solution is the most weight form in which the maximum dose can be Beginning with quite small doses (from 2 to 5 minims) it can, if tolerated, be gradually inbeginning with dutie small doses (from 2 to 10 for 5 minims) it can, if tolerated, be gradually increased to 10, or even 15 minims, three times a day, and I believe the larger doses are the most successful. It is not, however, always well borne, though I cannot remember to have had a case of pernicious seems under my own care in which such was the case. In such cases I should unhesitatingly try it intertaneously. It is not always of benefit, even went tolerated. As regards its mode of action we have no certain knowledge. It was originally tried first its hoogh somewhat uncertain, action in Hodgkin's disease, in which it is supposed to excise some unknown influence on the cytogenic organs. It has been suggested that it acts locally on the mucous membrane of the stomach and intestines (Hunter), I presume as a germicide in preventing the development of ptomaines. In malarial anæmia it publish also acts as a germicide on the plasmodium seases in the blood corpuscles. Arsenic inhibits the glycogenic function of the liver, and it is possible that it may restrain its hemolytic function. A sew light has recently been thrown on the mode of sting of arsenic by an interesting observation of the new light has recently been thrown on the mode of ation of arsenic by an interesting observation of Dr. beenan's. Writing of pernicious anæmia, he re-aris: "When a drop of blood was removed from the finger and allowed to fall on a glass slide, then then the edge of the drop had dried somewhat, a war glass was gently placed upon it, crystals of englobin gradually formed in the film of blood in on ten to forty-eight hours without any further reportion. The only exception to this was in the me of patients who had been treated with arsenic trame days, after which crystals could not be obtained; although, if then the arsenic was discontinued for an equal length of time, they again put in an appearance." It would appear from this important observation that arsenic exercises a direct influence the red blood-corpuscles, lessening the vulner-ity which we have seen is one of the characterof anæmia, especially of hemolytic origin.

Interesting point in connection with the adminisor of arsenic is its occasional effect in causing g or pigmentation of the skin. How this is ment about is a disputed point, but it is probable at it acts by increasing the activity of the pigment-ducing tissues. It is possible that the increase of at of the urine noticed in some cases of pernicious main during the administration of arsenic is in by connected with this action. Quinine is in the pyrexial attacks of pernicious ansemia.

ons proved successful in one case recorded albent, but has failed in others. The eviegarding mercury is conflicting, but Keys has that corrosive sublimate also increases the rof red corpuscles.

\$\beta\$-naphthol has been sugbly Dr. Hunter, and I have added to the list infectants which may be worthy of trial, but \$\beta\$-personal experience of their employment in

Medical News and Miscellany.

Wisconsin has passed a three-board Medical Practice Act.

Two American peddlers are confined in a New York hospital with small-pox.

PHENACETINE being greatly adulterated, physicians should use the pills prepared by a reliable house like Schieffelin's

DR. BRUBAKER is filling the chair of Therapeutics at Jefferson so acceptably that he will probably become its permanent occupant.

CHINESE dentists lead the world. They possess a powder which they rub upon the gums of an aching tooth; in a few minutes the patient is told to sneeze, and out drops the tooth.

Seid-kwai reports influenza as prevailing generally in Japan. The number of cases in Vokohoma up to January 3 amounting to 50,000 reported; with a probability of as many more.

A Das Monras jury has censured the heathen unscientists for allowing a victim to die of typhoid fever. He was a young man of rugged constitution, but the neglect of diet, etc., was too much for him.

A NEW source of arsenical poisoning has been found in the paint with which the walls of a bedroom was covered. The paint was a peacock blue, formed by combining Prussian blue and an arsenical green.

"Doctor, I came to see about my brother."

"What is the matter with him?"

"One of his legs is shorter than the other, and he limps. Now, what would you do in a case of that kind?"

"I am afraid I should limp, too."

THE phonograph has entered a new field. An enthusiast has recorded the chattering of monkeys, and, after long practice in imitating the sounds is said to be able to make himself understood by our friends with extended vertebrates. This would tend to prove that the phonograph is the long-sought missing link.

JAPAN is moving for the abolition of "licensed protitution," as some well-meaning, but bigoted famatics term the Contagious Diseases Acts. Meantime the prevalence of venereal diseases among the troops in Rugland, that was very small while these Acts were in force, has mounted to 30 and 50 per cent. since their abrogation. In France the ratio of syphilis in registered and clandestine prostitutes was 31 and 239 per 10,000, respectively.

THE MICROBE'S LAIR.—From time immemorial the doctors have told us that carpets in winter are indispensable if we do not wish to die of all sorts of undesirable diseases. But now it is discovered that the carpet is the source of ills almost without number. It seems that it is the lair of the microbe. Its woolen jungles are simply swarming with fleree bacilli, whose tempers are irritated to the last degree by anything, such as brooms and boots, which disturb them. When disturbed they rush out in millions and attack every human being within their reach. The thing that especially inturiates them is dancing. Whenever a carpet is shaken by the feet of dancers the microbes attack the dancers with such ferocity that few of the latter escape without at least a fit of ill-

-Mackenzie, in The Lancet.

ness. This is the real reason why young women are so often taken ill with consumption or pneumonia after a ball. Their illness is due to the microbes of the carpet, not, as was formerly supposed, to taking cold. It is clear that we must give up carpets, and as all kinds of woolen, cotton and linen cloth are inhabited by microbes, prudent persons will either clothe themselves with skins or abandon clothing altogether. Indeed, the latter seems to be the only safe course.-N. Y. Herald.

LIEBRICH claims to have discovered a true remedy for tuberculosis; differing entirely from Koch's, and consisting of a simple pharmaceutical substance that can be put up by any pharmacist. He says it is cheap, harmless and efficient.

We very much fear that the effulgent rays from Koch's glory have dazzled the eyes of some of his colleagues, and bewildered their intellects.

THE following is the official report of contagious diseases in New York City for the two weeks ending

		lary 14.		iary 21.
BONG WELDER TOOK	100	Deaths.	Cases.	Deaths.
Diphtheria	. 106	34	115	30
Scarlet fever		26	185	30
Measles	. 462.	19	367	18
Typhoid fever	. 12	. 5	9	3
Small-pox	. 1	0	2	0
Total	750	84	678	81

WEEKLY Report of Interments in Philadelphia, from February 14 to February 21, 1891 :

CAUSES OF DRATE.	Adults.	Minors.	CAUSES OF DRATE.	Adults.	MIDOES.
Abscess Asphyxia Apoplexy Bright's disease Burns and scalds Cancer Chorea Caries of the spine Casualties Congestion of the brain "spinal Cirrhosis of the liver Collapse of lungs Consumption of the lungs Cyanosis Discheric Discheric Lidneya Dysentery Dropsy, of the brain Heart Tysipples Enlargement of the heart Fever, malarial	3	1	Rheumatism Sclerosis of spinal cord. Septicemia Softening of the brain Suicide Syphilis Teething Tumor	13 3 3 1 2 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
" puerperal. " scarlet. " typhoid	4	7 6	Total 91. 2W 20 St.	241	X

THE PREVENTION OF NARCOTIC INEBRIETY.—At a meeting of the American Association for the Cure of Inebriety, held February 18, at the Academy of Medicine, New York, Dr. J. B. Mattison, of Brook-

lyn, offered the following preamble and resolutions:
WHEREAS, A leading cause of morphinism, chloralism and cocainism is the facility with which morphine, chloral and cocaine can be procured from pharmacists; and,

WHERRAS, The refilling of prescriptions containing these drugs is a potent factor in the rise and growth of these diseases; therefore, be it

Resolved, As the sense of this Association, that no retail druggist should sell morphine chloral or co-

caine, except on a physician's prescription.

Resolved, That no prescription containing morphine, chloral or cocaine should be refilled, except on

the written order of a physician.

These were unanimously adopted, and a committee consisting of Drs. Mattison, Crothers and Wright was appointed to secure legislation along the line of the resolutions.

THE sacrifice of the 150 members of St. Bernard Commandery, Knights Templar, who on January 18 marched to the Emergency Hospital and surrendered under the surgeon's knife portions of their cuticle for the benefit of J. O. Dickenson, recorder of the com-mandery, who had a cancerous sore on the hip, non which the skin refused to grow, will probably prove

Dickenson's stomach became so weak Sunday in consequence of the large quantities of chloroform taken that he was unable to eat anything, and def February 23.

If you find that a preacher's quite ready to give (Of course for a V or an X—he must live),
His name, and himself, tho' he rue it,—
When the medicine ad, has proclaimed what was sought,
The people catch on to the name that is bought
For the eyes of the world can see through it.

You have only to watch as each fraud comes along How quickly a certain divine (?) joins the song Of how many ills it has cured him.

But the power he can exercise, day by day dwindles, For Germicide, Carbolic Balls and such swindles, In the eyes of the world, have obscured him.

—Dixie Dodor.

TO CONTRIBUTORS AND CORRSEPONDENTS.

ALL articles to be published under the head of original a contributed to this journal alone, to insure their acceptance must be accompanied by a note stating the conditions up author desires its insertion, and whether he wishes any

author desires its insertion, and whether he wants any repressants.

Letters and communications, whether intended for publication must contain the writer's name and address, not necessarily settion, however. Letters asking for information will be answered por through the columns of the journal, according to their nature wish of the writers.

The secretaries of the various medical societies will confer a sending us the dates of meetings, orders of exercises, and other of special interest connected therewith. Notifications, news, cland marked newspaper items, relating to medical matters, personal newspaper items, relating to medical matters, personal newspaper items, relating

llows. Address all communications to 1725 Arch Street.

Army, Navy of Marine Hospital Service.

Official List of Changes of Stations and Duties of Ma Officers of the U.S. Marine Hospital Service for the two weeks ending February 7, 1891.

SAWTELLE, H. W., Surgeon. Detailed as member of land, Revenue Marine Service, January 26, 1891.

Austin, H. W., Surgeon. Detailed as Chairman of Roaf for physicial examination of officers of Revenue Marine Service, January 28, and February 6, 1891.

Phytics, W. A., Passed Assistant-Surgeon. Detailed as Medical Inspector of Immigants, Port of Boston, Magnuder, 29, 1891.

MAGRUDER, G. W., Passed Assistant-Surgeon. Detailed as Recorder of Boards for physicial examination of officers of Revenue Marine Service, January 28, and February 6, 1891.

Kinyoun, J. J., Passed Assistant-Surgeon. Detailed in Special duty at Berlin, Germany, January 26, 1891.

GROENEVELT, J. F., Assistant Surgeon. To proceed to Cape Charles Quarantine for temporary duty, February 1, 1891.

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MORE Dr. HE

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The second of th

BUFFALO LITHIA WATER

IN BRIGHT'S DISEASE, OF THE KIDNEYS, THE GOUTY DIATHESIS, ETC., ETC.

ne WM. A. HAMMOND, of Washington, D. C., Surgeon-General U. S. Army (retired), Professor of Disc of the Mind and Nervous System in the University of New York, etc.

"I have for some time made use of the BUFFALO LITHIA WATER in cases of AFFECTIONS of the NERVOUS SYSTEM, complicated with BRIGHT'S DISHASE OF THE KIDNEYS or with a GOUTY DIATHESIS. The results have been eminently satisfactory. Lithia has for many years been a famile remedy with me in like cases, but the BUFFALO WATER CERTAINLY ACTS BETTER THAN ANY EXTEMPORANEOUS SOLUTION of THE LITHIA SALTS, and is, moreover, better borne by the stomach. I also often prescribe it in those cases of CEREBRAL HYPERÆMIA resulting from OVER BETTER WORK—in which the condition called NERVOUS DYSPEPSIA exists—and generally with MARKED

HUNTER McGuire, M.D., L.L.D., late Professor of Surgery, Medical College of Virginia, Richmond:

"BUFFALO LITHIA WATER, Spring No. 2, as an ALKALINE DIURETIC is invaluable. In
URIC ACID GRAVEL, and, indeed, in diseases generally dependent upon a URIC ACID DIATHESIS,
it is a remedy of EXTRAORDINARY POTENCY. I have prescribed it in cases of Rheumatic Gout,
which had resisted the ordinary remedies, with wonderfully good results. I HAVE USED IT ALSO IN MY
OWN CASE, BEING A GREAT SUFFERER FROM THIS MALADY, AND HAVE DERIVED
MORE BENEFIT FROM IT THAN FROM ANY OTHER REMEDY."

Dr. HENRY M. WILSON, of Baltimore, Ex-President Medical and Chirurgical Faculty of Maryland.

"My experience in the use of the BUFFALO LITHIA WATER has not been large, but it is of such a public character that I do not hesitate to express my preference for it, as a DIURHTIC in URINARY CALCULI, over all other-waters that I have ever used."

Water, in Cases of One Dozen Half-gallon Bottles, \$5.00, f. o. b. here.

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(MEDICINAL) Ha Os

upidly growing in favor with the medical profession. It is the most powerful autiso known, almost tasteloss, and ederloss. Can be taken internally or applied externally perfect safety. Its curative properties are positive, and its strongth and purity always he relied upon. This remody is not a Nestrum.

A REMEDY FOR

DIPHTHERIA; CROUP; SORE THROAT, AND ALL IMPLANMATORY DISEASES OF THE THROAT.

OPINION OF THE PROPESSION.

B. Hepe, Surgeon Metropolitan Throat Hospital, Professor J. University of Vermont, writes in an article headed "Some Olimbitheria, and the treatment by Peroxide of Hydrogen " (F. F. Medic 18, 1889). Extract:

of their poisonous or irritant us utility limited particularly to su and their free use in reaching dip-jor threat, particularly in childre e range of systematic treatment. rer, it is confidently believed will le most efficient topical agent in de di limiting the spread of its forma es treated (at the hierropolitan Throat Hospital), a urchand preparation of lifteen volumes was that on the order of Brooklyn, writes as follows in a county Marie County Mari

actions instantly. The hiscasce as diphtheria, surfaces, whether of a poken well of its of any why it is not more used action so little underset. "Now, if diphtheria itous; that is, if it be pagious virus located really is, an albuminothia event upon a suffici bilia event upon a suffici

CAUTION _By specific rexide of Hydrogen 11-th, bettles, bearing my

illed to physicians i

Chemist and Graduate of the "Book Oustrale der Arts at It Call Caboratory, 10 West Fourth Street, New York.

Notes and Items.

"A RUN on the bank" has caused many a Mississippi river packet to "stop its draught."

"The doctors is always a gettin' up a lot of new names for the diseases that flesh is heir to, and the druggists is a inventin' new nostrils to cure 'em. There's Mrs. Jones has tonsors on her throat, an' Mr. Jones has ulsters in his. Mrs. Smith has hermitage of the lungs, an' her mother has two buckles on the lungs."

FRUGALITY.—"How's this, Herr Muller, why are you taking such long steps when you used to take such little ones?"
"Ah, my friend, since my wife presented me with the seventeenth I must save in every way. The shorter the steps the sooner the soles wear out. By my present method I hope to save enough to buy shoes for number seventeen."

GOT BACK AT HIM.—She was the daughter of a preacher who didn't believe in dancing, and she had been to the dance the night previous, much to the old gentleman's dissatisfac-

"Good-morning, child of the devil," he said.
"Good-morning, father," pleasantly responded the daughter.
The old gentleman has decided to deal out no more sarcasm.

ATLANTA, Ga., Dec. 15, 1890. 48 S. Butler st.

Jerome Kidder M'f'g Co., New York City.

DEAR SIRS: The box containing battery came to hand in good order by express, and I hasten to remit amount. You will find P. O. money order.

I have your machine, bought in 1874. It is a ten-current, and is to-day as good as ever. I have used it almost continuously since then until I broke the jar. Have had to replace platinum element several times. I have used other machines but yours is decidedly the best. The A. B. & C. D. currents I use very frequently, and find them real nerve soothers and tonics. They afford the best currents for general faradic tonic effect on the system in the treatment of nervous women and general neurasthenia.

Yours very truly,

JOSEPH ADOLPHUS. M.D.

JOSEPH ADOLPHUS, M.D.



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advertisement

on page ix.

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This is the original preparation of Syrup of Hydriodic Acid, first brought to the attention of the medical world in 1878 by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Numerous imitations, prepared in a different manner, and not of the same strength, and from which the same therapeutic cannot be obtained, are sold and substituted where this Syrup is ordered.

Physicians are cautioned against this fraud.

The seventh edition of Gardner's pamphlet, issued in October, 1889, containing seventy pages of matter devoted to this preparation, its origin, chemical characteristics, indications, doses and details of treatment, will be forwarded to any physician upon application free of charge.

GARDNER'S CHEMICALLY PURE SYRUPS OF HYPOPHOSPHITI

Embracing the separate Syrups of Lime, of Soda, of Potassa, of Manganese, and an Elixir of the Quinis Salt; enabling Physics to accurately follow Dr. Churchill's methods, by which thousands of authenticated cases of Phthiais have been cured. The only showever, used by Dr. Churchill in Phthisis, are those of Lime, of Soda and of Quinia, and always separately, according to indicate

The reason for the use of single Salts is because of antagonistic action of the different bases, injurious and pathological action of the different bases, injurious and pathological action of tron, Potassa, Manganese, etc., in this disease.

These facts have been demonstrated by thirty years' clinical experience in the treatment of this disease exclusively, by Dr. Churchill, who was the first to apply these remedies in medical practice. Modified doses are also required in this disease; surgiais during twenty-four hours being the maximum dose in cases of Phthiais, because of increased susceptibility of the patient to the action, the danger of producing toxic symptoms (as hemorrhage, rapid softening of tubercular deposit, etc.), and the necessity that the beallowed the various functions to recuperate, simultaneously, over-stimulation, by pushing the remedy, resulting in crisis and disease.

A pamphlet of sixty-four pages, devoted to a full explanation of these details and others, such as contra-indicated remedies, infections for the use of each hypophosphite, reasons for the use of Ansolutely Pure Salts, protected in Syrup from oxidation, and mailed to Physicians without charge, upon application to

R. W. GARDNER, 158 William St., New York City.

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Base a Powerful Reconstructive

Contains No Inert Emulsifier

Does not disturb Digestion nor offend the Palate

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